



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

REPORT OF PROFESSIONAL LIABILITY CLAIMS OUTSTANDING FROM PREVIOUS SEMESTERS
AND OF CLAIMS CLOSED DURING THE SEMESTER ENDING ON _____²

Report for:1
 Physicians, Surgeons & Dentists
 Hospitals

OUTSTANDING CLAIMS AT THE END OF PREVIOUS SEMESTER ³					CLOSED CLAIMS DURING THE SEMESTER								
Policy Number	Specialty of Insured	Claim No.	Date Claim Was First Filed	Amount of Reserve	Policy Number	Specialty of Insured	Claim No.	Date Claim Was First Filed	Amount Paid		Date Amount Was Paid	Allocated Loss Adjustment Expense (ALAE) Incurred ⁴	
									Economic Losses	Non Economic Losses		Amount of Legal Fees	Others
Total of Claims					Total of Claims								

For Closed Claims provide: 1) Number of Court Resolutions Received _____, 2) Number of Judicial Awards _____, and 3) Number of Settlements Outside of Courts _____.
Please include with this report a copy of each of these documents.

Name of Insurer

¹ Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.

Signature of Authorized Official

² List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.

³ The information on outstanding claims and on closed claims required in this form may be provided in separate forms.

Name and Position of Official Signing Above

⁴ ALAE = Include total ALAE incurred since claim was filed on claims closed with payment and claims denied or closed without payments. Under others, include expenses paid for other than legal, such as those paid for expert witnesses or translators.

Date Report is Filed



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