



**COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

REPORT OF PROFESSIONAL LIABILITY CLAIMS REOPENED
DURING THE SEMESTER ENDING ON _____²

Report for:¹
 Physicians, Surgeons & Dentists
 Hospitals

Item No.	Policy Number	Claim No.	Type of Policy	Effective Date	Expiration Date	Date of Medical Incident	Date Claim Was Closed	Date Claim Was Reopened	Limits of Liability	Amount of Reserve	Specialty of Insured	Amount Claimed	Name & Address of the Insured
Total of Claims													

Date Report is Filed

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.

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.

Signature of Authorized Official

Name and Position of Official Signing Above