



Print

LONG FORM

Texas Commercial Liability Insurance Closed Claim Report Indemnity Payments of \$75,000 or More

Company Name & Address: _____ Always Complete

NAIC Company Code: _____ NAIC Group Code: _____ Always Complete

Claim File Identification: _____ Always Complete

Form Completed By: _____ Tel: _____

Form Reviewed By (Coordinator): _____ Tel: _____ Always Complete

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
 NAIC Company Code: _____ NAIC Group Code: _____

- | | | |
|---|----------------------------------|------------------------------|
| 1. a. Date of Injury | _____ MM DD YYYY | Always Complete |
| b. Date reported to insurer | _____ MM DD YYYY | Always Complete |
| c. Date suit filed | _____ MM DD YYYY | Complete if suit filed |
| d. Date of trial or final trial setting | _____ MM DD YYYY | Complete if trial held |
| e. Date of settlement | _____ MM DD YYYY | Always Complete |
| f. Date of jury award | _____ MM DD YYYY | Complete if rendered |
| g. Date claim was closed | _____ MM DD YYYY | Always Complete |
| 2. Age of injured person at the time of the injury: (indicate months only if child is less than one year of age) | | |
| | _____ Years Months | Always Complete |
| 3. a. Was injured person employed at the time of the loss? | | |
| | _____ (Y/N) | Always Complete |
| b. If 3.a is "Y", was the injury work-related? | | |
| | _____ (Y/N) | Do not respond if 3.a is "N" |
| 4. Type of injury: | | |
| <u>Select all that apply:</u> | | Always Complete |
| a. Death----- | | |
| b. Amputation----- | | |
| c. Burns (heat) ----- | | |
| d. Burns (chemical) ----- | | |
| e. Systemic poisoning (toxic substance) ----- | | |
| f. Systemic poisoning (other)----- | | |
| g. Eye injury (blindness) ----- | | |
| h. Respiratory condition ----- | | |

(Question #4 is continued on page 3)

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(Question #4 continued)

- i. Nervous condition -----
- j. Hearing loss or impairment -----
- k. Circulatory condition-----
- l. Multiple injuries (broken limbs, lacerations, contusions) -----
- m. Back injury-----
- n. Skin disorder -----
- o. Brain damage -----
- p. Scarring-----
- q. Spinal cord injuries (including paraplegia and quadriplegia) -----
- r. Other _____
(Give brief description)

5. How did the injury occur?

Select all that apply:

Always Complete

- a. Off road vehicle -----
- b. Air transportation-----
- c. Railway -----
- d. Other motor vehicle-----
- e. Complications, misadventures of surgical/medical care -----
- f. Falls-----
- g. Drowning-----
- h. Use of defective product-----
- i. Fire-----
- j. Firearm -----
- k. Pollution or long-term exposure to toxic material-----
- l. Explosions-----
- m. Use of agricultural machinery-----
- n. Oil & gas extractions -----
- o. Other _____
(Give brief description)

6. a. Where did the injury occur?

(Choose either 1 or 2 and then complete the applicable item below)

Enter either 1 or 2

Always Complete

1. Texas _____ County _____
(City Name) (County Name)

Complete if Texas

2. Other _____
(Brief location, i.e.: Off-shore, name of State, etc.)

Complete if not Texas

(Question #6 is continued on page 4)

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(Question #6 continued)

- b. If Texas, enter county code where the injury occurred _____ Complete if 6.a. is "1"
- c. Enter the county code where the suit was initially filed _____ Complete if suit filed
- d. Enter the county code where the case was tried _____ Complete if trial started

7. Policy Information

- a. Policy Type _____ Always Complete

Choose one

1. Mono-line general liability
2. Commercial auto liability
3. Texas commercial multiperil (Sec. II liab.; include TCPP & TBOP)
4. Medical professional liability
5. Other professional liability

- b. Policy Form _____ Always Complete

Choose one

1. Occurrence
2. Claims Made

- c. Business Class _____ Always Complete

Choose one

1. Agriculture
2. Mining
3. Manufacturer of chemical & allied products
4. Medical products manufacturers
5. Drug manufacturers
6. Other products manufacturers
7. Transportation
8. Wholesale-retail trade
9. Municipal/public liability
10. Schools (public & private)
11. Daycare centers
12. Liquor liability
13. Non-profit organizations
14. Construction firms
15. Oil wells & drillings
16. Apartments, townhouse & condominiums
17. Office
18. Churches

(Question #7 is continued on page 5)

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(Question #7 continued)

- 19. Physicians & surgeons
- 20. Dentists
- 21. Oral surgeons
- 22. Hospital
- 23. Nursing Home
- 24. Professionals – lawyers
- 25. Professionals – D&O
- 26. Other _____
(Give brief description)

d. Policy limits for bodily injury:

Indicate the limit for individual bodily injuries with all zeroes shown in the response. Do not use slashes or abbreviations in the response

Always complete

Complete all that apply:

- 1. Per person (commercial auto only) \$ _____
- 2. Per occurrence/accident \$ _____
- 3. Combined single limit \$ _____

8. a. Indicate the initial reserve first established for the indemnity portion of the claim after investigation of the claim or review of the file. Do not report formula or fast track reserves

Answer 8a – 8f in whole dollars

\$ _____

Always Complete

b. Indicate the initial reserve first established for expenses relating to the claim after investigation of the claim or review of the reserves

\$ _____

Always Complete

c. Indicate (a + b)

\$ _____

Always Complete

d. Indicate the reserve for the indemnity portion of the claim just before the file was closed

\$ _____

Always Complete

e. Indicate the reserve for expenses relating to the claim just before the file was closed

\$ _____

Always Complete

f. Indicate (d + e)

\$ _____

Always Complete

9. a. Was an attorney employed by the plaintiff?

(Y/N)

Always Complete

b. Was an attorney (outside or in-house) employed by the insurer?

(Y/N)

Always Complete

c. Was an attorney employed by the insured?

(Y/N)

Always Complete

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10. a. At what stage of the legal system was a settlement reached or an award made? _____ Always Complete

Choose one

1. Alternative dispute resolution with no suit filed
2. No suit filed
3. Alternative dispute resolution after suit filed
4. Suit filed but settlement reached before trial
If you choose 1, 2, 3 or 4, complete items 11.a, 11.e, 12.a, 12.c, 13.c, 13.d, 13.e, 14, 15, 16 and 17
5. During trial, but before court verdict
If you choose 5, complete items 10.c, 11.a, 11.e, 12.a, 12.c, 13.c, 13.d, 13.e, 14, 15, 16 and 17
6. Court verdict
If you choose 6, complete items 10.b, 10.c, 10.e, 11.a, 11.b, 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 and 17
7. Settlement reached after court verdict
If you choose 7, complete items 10.b, 10.c, 10.e, 11.a, 11.b, 11.c, and 11.d. Also complete 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 and 17
8. Settlement reached after appeal was filed
If you choose 8, complete items 10.b through 10.f, and 11.a through 11.c. If item 11.c is "Y", then complete 11.d. Also complete 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 and 17
9. Case dismissed or summary judgment
If you choose 9, contact the Texas Department of Insurance for further instructions

b. If a court verdict is indicated, indicate the result by choosing one of the following: _____

Choose one

1. Directed verdict for the plaintiff
2. Directed verdict for the defendant
3. Judgment notwithstanding the verdict for the plaintiff
4. Judgment notwithstanding the verdict for the defendant
5. Judgment for the plaintiff
6. Judgment for the defendant
7. For plaintiff, after appeal
8. For defendant, after appeal
9. All others

c. If the case went to trial, was it: _____

Choose one

1. Trial by judge and jury
2. Trial by judge alone

d. If appealed, who requested the appeal _____

Choose one

1. Plaintiff
2. Defendant

(Question #10 is continued on page 7)

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(Question #10 continued)

e. Did the court order a remittitur? _____
 (Y/N)

f. If yes, indicate the amount by which the original award was reduced \$ _____

11. a. Indicate the amount of the final demand by claimant or attorney for claimant \$ _____ Always Complete

b. 1. If the case was closed as a result of a court verdict or settled after a court verdict, what was the amount of the court verdict? \$ _____
 If there is no court verdict, please skip to item 11.e

2. How was this amount distributed between:

Complete all that apply

- a. Economic losses \$ _____
- b. Non-economic losses \$ _____
- c. Exemplary damages \$ _____
- d. Prejudgment interest \$ _____
- e. Total \$ _____

(Round to whole dollars)



c. Was the total amount paid as a result of the settlement after a court verdict different from the amount stated in the court verdict? _____
 (Y/N)

d. 1. If "Y", what was the amount of the settlement after the court verdict? \$ _____

2. Was the settlement influenced by a demand for or possible award of non-economic, exemplary damages, or pre-judgment interest? _____
 (Y/N)

3. If yes, estimate the amount of the following as contemplated in your settlement:

Complete all that apply

- a. Economic losses \$ _____ *
- b. Non-economic losses \$ _____ *
- c. Exemplary damages \$ _____ *
- d. Prejudgment interest \$ _____ *
- e. Total \$ _____

(Round to whole dollars)



*Indicates that the question calls for your most candid expert opinion

(Question #11 is continued on page 8)

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(Question #11 continued)

- e. 1. If no suit was filed or the claim was closed before reaching court or before reaching a court decision, what was the amount of the settlement? \$ _____ Item 11.e.1 must agree with item 12.a.7 if there is no court verdict
2. Was this settlement influenced by a demand for or possible award of non-economic, exemplary damages, or pre-judgment interest? _____ (Y/N) If item 11.e.2 is "N" do not respond to item 11.e.3
3. If yes, estimate the amount of the following as contemplated in your settlement:
- Complete all that apply
- | | | |
|-------------------------|------------|-------------------------------|
| a. Economic losses | \$ _____ * | (Round to whole dollars) ↓ |
| b. Non-economic losses | \$ _____ * | |
| c. Exemplary damages | \$ _____ * | |
| d. Prejudgment interest | \$ _____ * | |
| e. Total | \$ _____ | |

- 12.** a. Please indicate the following dollar amounts as applicable to this claim
- Complete all that apply
- | | | |
|---|----------|-------------------------------|
| 1. Amount paid by the primary carrier | \$ _____ | (Round to whole dollars) ↓ |
| 2. Amount paid by insured, due to deductible | \$ _____ | |
| 3. Amount paid by the excess carrier (indicate "unknown" when applicable) | \$ _____ | |
| 4. Amount paid by the insured due to settlement or award in excess of policy limits (indicate "unknown" when applicable) | \$ _____ | |
| 5. Amount paid by other insurers on behalf of the other defendants (indicate "unknown" when applicable) | \$ _____ | |
| 6. Amount paid by other defendants that were not insured (indicate "unknown" when applicable) | \$ _____ | |
| 7. Total amount of settlement or court award | \$ _____ | |
- Item 12.a.7 requires a response. Do not include "unknown"

*Indicates that the question calls for your most candid expert opinion

(Question #12 is continued on page 9)

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(Question #12 continued)

b. Please provide the following information for each of the other insurers contributing to the total settlement in this claim:

| | <u>Company Name</u> | <u>NAIC Co. Number</u> | <u>Amount Paid</u> |
|----|---------------------|------------------------|--------------------|
| 1. | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ |
| 3. | _____ | _____ | \$ _____ |
| 4. | _____ | _____ | \$ _____ |
| 5. | _____ | _____ | \$ _____ |
| 6. | _____ | _____ | \$ _____ |

c. Are any other defendants still in litigation relative to this claim? _____
 (Y/N) Always Complete

13. a. In cases that closed due to a court verdict or settlement after a court verdict, did the judgment provide joint and several liability in regard to any defendant? _____
 (Y/N) Complete items 13.a and 13.b only if there is a court verdict

b. Complete the following table for cases that closed due to a court verdict or settlement reached after a court verdict:

(Round to whole dollars)

| | Percent of Fault Assigned by Court Verdict To | Total Amount Paid or Awarded by a Court Verdict | Total Amount Paid in Settlement After Verdict |
|---|--|--|--|
| 1. Injured party | _____ % | -----N/A----- | -----N/A----- |
| 2. Your insured | _____ % | \$ _____ | \$ _____ |
| 3. Other insured defendants | _____ % | \$ _____ | \$ _____ |
| 4. Other uninsured defendants | _____ % | \$ _____ | \$ _____ |
| 5. Total verdict amount | _____ % | \$ _____ | \$ _____ |
| 6. Total pay out amount in settlement after verdict | | | \$ _____ |

c. In cases that were settled before a court verdict, did the doctrine of joint and several liability impact the settlement? _____
 (Y/N) Complete item 13.c if there is not a court verdict

(Question #13 is continued on page 10)

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(Question #13 continued)

d. Indicate the following for cases that were settled before a court verdict.

Complete item 13.d if there is not a court verdict

| | Estimated % of Fault Assigned To | Total Amount Paid in Settlement |
|-------------------------------|-------------------------------------|------------------------------------|
| 1. Injured party | _____ %* | |
| 2. Your insured | _____ %* | \$ _____ |
| 3. Other insured defendants | _____ %* | \$ _____ |
| 4. Other uninsured defendants | _____ %* | \$ _____ |
| 5. Total payout | | \$ _____ |

(Round to whole dollars)



e. 1. How many other defendants were there?
 (enter the applicable alpha character from below in the space provided)

If there are no other defendants, then leave blank

Choose one

- A. One
- B. Two
- C. Three
- D. Four
- E. Five
- F. Six
- G. More than six

2. Indicate the following for the other defendants:

Complete if 13.e.1 is answered

| <u>Complete all that apply</u> _____ | How many insured Defendants? | How Many Uninsured Defendants? |
|--------------------------------------|---------------------------------|-----------------------------------|
| a. Municipal | _____ | _____ |
| b. Government other than municipal | _____ | _____ |
| c. Business | _____ | _____ |
| d. Industrial | _____ | _____ |
| e. Non-profit organizations | _____ | _____ |
| f. Hospital | _____ | _____ |
| g. Physicians & surgeons | _____ | _____ |
| h. Other health care providers | _____ | _____ |
| i. All others | _____ | _____ |

Please indicate numbers. Do not use "X" marks or check marks.

*Indicates that the question calls for your most candid expert opinion

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- 14.** a. Was workers' compensation available to the injured party? _____ (Y/N) Always Complete
- b. Are you aware of any other collateral sources available to the injured party? _____ (Y/N) Always Complete
- c. If 14.b is "Y", indicate which of the following sources were available:

Select all that apply

1. Medical insurance -----
2. Disability insurance-----
3. Social security disability/supplementary security benefits -----
4. Medicare, Medicaid -----
5. Sick leave-----
6. Other-----

- 15.** a. Are you aware of any lawsuit(s) which has (have) been filed under rights of subrogation, contribution or indemnification in connection with this claim? _____ (Y/N) Always Complete
- b. If 15.a is "Y", indicate your status in that suit: _____

Choose one

1. Plaintiff
2. Defendant
3. Not Involved
4. Both

- 16.** a. Was a structured settlement used in closing the claim? _____ (Y/N) Always Complete
- b. If 16.a is "Y", please complete the following:

- | | | |
|--|----------|---|
| 1. Immediate payment | \$ _____ | <i>Round to whole dollars</i> |
| 2. <u>Present value</u> of projected total future payment (price of an annuity if purchased) | \$ _____ | 16.b.3 must equal item 12.a.7 if 16.a is "Y" ↓ |
| 3. Total award or settlement (1 + 2) | \$ _____ | |
| 4. Indicate the total projected future pay out | \$ _____ | |

- c. Was a structured settlement used to pay the plaintiff's attorney's fee? _____ (Y/N) Always Complete

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- 17.** a. Indicate the amount paid to outside defense counsel \$ _____
- b. Indicate any allocated expense for in-house defense counsel \$ _____
- c. Indicate the amount of other allocated loss adjustment expenses, such as court costs and stenographers \$ _____
- d. Indicate the total allocated loss adjustment expense (a + b + c) \$ _____

17.d must equal the sum of items 17.a through 17.c.
Round to whole dollars.

Additional Comments (optional):