

July 17, 1987

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 13 (1987)

TO: ALL INSURERS LICENSED TO WRITE IN NEW YORK STATE PERSONAL INJURY & PROPERTY DAMAGE LIABILITY DURANCE

RE: USE OF APPROPRIATE FORMS FOR DATA REPORTING FILING REQUIREMENTS PURSUANT TO 11 NYCRR 162 (REGULATION 131)

Pursuant to Section 334 of the Insurance Law, as specified in Regulation 131, 11 NYCRR 162, promulgated on July 13, 1987, dealing with data reporting filing requirements, all commercial property/casualty insurers must submit to the Department the data necessary to compile the Annual Commercial Property/Casualty Insurance Report.

Please note that the forms attached to Regulation 131, as promulgated and distributed, were reduced in size. In order to expedite processing, the prescribed forms, in the size annexed to this Circular Letter, should be utilized by every insurer for all data submissions pursuant to Regulation 131. Please duplicate sufficient quantities of these annexed forms for continued use.

Very truly yours,

[SIGNATURE]

JAMES P. CORCORAN

SUPERINTENDENT OF INSURANCE

Insurer

MAIC Group Code MAIC Company Code(s) Federal Employer ID #

New York

19 Direct Written Premiums

For Selected Markets

Market

19 Direct Written Premium

Municipal Liability

Public School Liability

Market

19 Direct Written Premium

Child Care Liability

Public Official Liability

Non-Profit IRC 5501(c)(3)

Directors & Officers Liability

Other Directors & Officers Liability

Medical Malpractice Liability

Attorneys Malpractice Liability

Accountants Malpractice Liability

Architects and Engineers Malpractice Liability

Other Professional Liability

Other Errors & Omissions Liability

Recreational Liability

Other Owners, Landlords and Tenants Liability

Other Manufacturers & Contractors Liability

Products Liability

Completed Operations Liability

Liquor Law Liability

Public Officials Liability

Pollution Environmental Impairment Liability

Market	19	Direct Written Premium
Police Professional Liability		
Commercial Automobile Liability (ex. PIP)		
All Other Commercial Liability		
All Other Liability (Not Commercial)		
(A) Total Liability		
(B) Total Non-Liability Premium in CMP on Page -14 of the Annual Statement.		
(C)=(A)+(B)		
(D) CKP as shown on page 14		
(E) Medical Malpractice as shown on page 14		
(F) Other Liability as shown on page 14		
(G) Commercial Automobile liability (ex. PIP) as shown on page 14		
(H)=(D)+(E)+(F)+(G)		
	Calendar Year	19
1. Direct Premium Written*		
2. Direct Premium Earned *		
3. Direct Incurred Loss*		\$ %(E)
4. Allocated LAE		\$ %(E)
5. Unallocated LAE		\$ %(E)
6. Total LAE (3+6)		\$ %(E)
7. Losses LAE Incurred (3+6)		\$ %(E)

	Calendar Year	19
8. Commissions		\$ %(W)
9. Other Acquisition Costs		\$ %(W)
10. General Expenses		\$ %(E)
11. Taxes, Licenses & Fees		\$ %(W)
12. Total Expenses (8+9+10+11)		\$
13. Total Losses & Expenses (7+12)		\$
14. Underwriting Profit (Loss) (2-13)		\$
15. Investment Income**		\$
16. Operating Profit (Loss) (14+15)		\$
17. Combined Trade Ratio $((7) + (10) / (2)) + ((8) + (9) + (11) / (1))$		\$
18. Dividends to Policy holders		\$

E = Percent of Earned Premium

W = Percent of Written Premium

=This is to be completed for direct business(before reinsurance assumed or ceded)

* Reconcile with page 14 of annual Statement

** Note the instruction in subdivision 162.4(b)(A) of Regulation 131

Policy Year	(1) Total Limits Written Premium	(2) Total Limits Paid Losses (a)	(3) Total Limits Unpaid Losses (b)	(4) Unallocated Loss Adjust- Expenses (c)
19				
19				
19				
19				
19				
19				
Total 19 -19				
Policy Year	(5) Ultimate Incurred Losses Including	(6) Reported Incurred Claim Counts	(7) Ultimate Incurred Claim Counts (d)	(8) Ultimate Loss & LAE Ratio [(5) / (1)]
all LAE(d)				
19				
19				
19				
19				
19				
19				
Total 19 -19				

(a) Including ALLOCATED Loss Adjustment Expense (LAE)

(b) Reserves on known Claims

(c) Estimated as a percentage of Total Limits Paid and unpaid losses

(d) Developed to an ultimate Settlement Basis, Attach Loss and Claim Development Exhibits (5) = [(2)+(3)+(4)] x [Appropriate Loss Development Factors] (7)=(6) x appropriate Claim Development factor.

Commercial Claim Report

State of New York

Market

Accident Date

Resolution

Claim Number

	Past		
	Non-		
	Economic	Economic	Uninsurable
	(a)	(b)	(c)
1) Total Amount of Award			
2) Insureds Equitable Share (\$ amount)			
amount Paid on Behalf of Insured:			
3) By Insured			
4) By Insurer			
5) By Other Insurers			

	Future		
	Non-		
	Economic	Economic	Total*
	(a)	(b)	(c)
			(g)
1) Total Amount of Award			
2) Insureds Equitable Share (\$ amount)			
amount Paid on Behalf of Insured:			
3) By Insured			
4) By Insurer			
5) By Other Insurers			

Form 101-D shall be completed for every claim with a resolution date, as defined in regulation 131 (11 NYCRR 162), on or after January 1, 1987, including such claims that result in no payments.

- This is to be completed on a per claimant basis

- All amounts shown must be in whole dollars. Percentage must be converted to dollars using appropriate calculations (e.g. if the total award is \$ 100,000 and the insureds equitable share is 15% the amount line (2) is 15,000)

- Complete lines (3) and (5) with best available estimates
- Complete for Direct Incurred Losses (not including reinsurance ceded or assumed)

*(g)=[(a)+(b)+(c)+(d)+(e)+(f)]

Check here if report date of claim is prior to 8-1-86

Insurer

MAIC Croup Code MAIC Company Code Federal Employers ID #

Commercial Claim Report-Annual Summary

State of New York

Market

Resolution year ending 19

Separate forms are required for each claim size category by report date category

Check if report is for

- Total Awards equal to zero
- Total Awards greater than zero, and less than or equal to \$ 50,000
- Total Awards greater than \$ 50,000, and less than or equal to \$ 250,000
- Total Awards greater than \$ 250,000, and less than or equal to \$ 1,000,000
- Total Awards greater than \$ 1,000,000 report is for
- Claims having report dates prior to 8-1-86
- Claims having report dates on or after 8-1-86

	Past Non-	
Economic	Economic	Uninsurable
(a)	(b)	(c)

- 1) Total Amount of Award
- 2) Insureds Equitable Share ()
amount Paid on Behalf of Insured:
- 3) By Insured
- 4) By Insurer
- 5) By Other Insurers
- 6) Total Number of Claimants

	Economic (a)	Future Non- Economic (b)	Total* Uninsurable (c)	(g)
1) Total Amount of Award				
2) Insureds Equitable Share (I amount Paid on Behalf of Insured:				
3) By Insured				
4) By Insurer				
5) By Other Insurers				
6) Total Number of Claimants				

The resolution year is the year that final judgment is rendered after all appeals have been exhausted.

- This is to be completed separately by market and by size of resolution as defined above
- All amounts shown must be In whole dollars
- These reports shall reconcile with the Commercial Claim Reports on individual cliams