



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
MISSOURI COMMERCIAL LIABILITY PROFITABILITY REPORT

NAME OF COMPANY		NAIC NUMBER			FOR YEAR ENDING	
CLASSES OF BUSINESS	1	2	3	4	5	
	DIRECT PREMIUM WRITTEN	DIRECT PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	DIVIDENDS TO POLICYHOLDERS	
I COMMERCIAL AUTOMOBILE LIABILITY	\$	\$	\$	\$	\$	
la Truckers					XXX	
*la1 Local					XXX	
*1a2 Long-Haul					XXX	
*lb Garage Liability					XXX	
II LIABILITY OTHER THAN AUTO (General Liability)						
IIa Governmental						
*IIa1 Schools					XXX	
*IIa2 Water/Sewer Districts					XXX	
*IIa3 Municipalities					XXX	
IIb Contracting or Servicing						
*IIb1 Pest Control					XXX	
*IIb2 Asbestos Removal					XXX	
IIc Mercantile						
*IIc1 Liquor Liability					XXX	
*IIc2 Machine & Equipment Dealers					XXX	
*IIc3 Other Retail & Wholesale Stores					XXX	
IIId Miscellaneous						
*IIId1 Amusement & Recreational					XXX	
*IIId2 Day Care Centers					XXX	
*IIId3 Apartment & Condominium					XXX	
*IIId4 Hotels & Motels					XXX	
III EIL (Pollution Liability)						
IV PROFESSIONAL LIABILITY (Other than Medical)						
*IVa Architects & Engineers					XXX	
*IVb Veterinarians					XXX	
*IVc Insurance Agents/Brokers					XXX	
*IVd Directors & Officers					XXX	
*CLOSED CLAIM FORM MUST BE COMPLETED						
NAME OF PERSON PREPARING THIS REPORT		TITLE			TELEPHONE NUMBER	

PART A

This is a summary of claims closed during the year and the outstanding claims by the year the claims were incurred.

YEAR INCURRED

Label each year separately. If over 20 years, use "19 ____ & prior". For example, in reporting data for 1987, the earliest date shown should be 1968 & prior.

CLAIMS CLOSED

1. No. Claims Paid

The number of claims which meet all the following criteria:

- (a) Were incurred in year in first column.
- (b) Were closed in the year being reported, and
- (c) Were closed with payment.

2. No. Claims Closed Without Payment

The number of claims which meet all the following criteria:

- (a) Were incurred in year in first column.
- (b) Were closed in year being reported, and
- (c) Were closed without payment.

3. Dollars Paid

The dollars that were paid on the claims that:

- (a) Were incurred in year in the first column, and
- (b) Were closed in the year being reported.

OUTSTANDING CLAIMS

These claims **should not include** incurred but not reported (IBNR).

1. No. Claims Unpaid Year End

The number of claims:

- (a) Were incurred in year in the first column.
- (b) Had not been closed at end of year being reported.

2. Dollar Amount Reserved Year End

What is the dollar value at the end of the year being reported for the reserves remaining on the unpaid claims that were incurred in year in the first column.



MISSOURI DEPARTMENT OF INSURANCE,
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COMMERCIAL LIABILITY CLOSED CLAIM FORM

PART B

NAME OF COMPANY	NAIC NUMBER
CLASS OF BUSINESS	YEAR REPORTED

This part requires information for claims which were subjected to court jurisdiction and for which a verdict was rendered.

"1" and "2" of Part B should be self-explanatory.

"3" requires information on punitive damages that your insured(s) had to pay. We are also requesting that you include the amount of indemnity you paid on any claims which involved over \$300,000 in punitive damages.

1. From Part A, for those claims paid pursuant to a verdict being rendered, fill in the following:	
a. Number of claims in which \$300,000 or more in non-economic damages was paid to one entity	
b. Total dollar amount paid on the above claims for:	
(1) Economic damages	\$
(2) Non-economic damages	\$
2. From "1" above, fill in the following:	
a. Number of claims in which \$500,000 or more in non-economic damages was paid to one entity	
b. Total dollar amount paid on the above claims from:	
(1) Economic damages	\$
(2) Non-economic damages	\$
3. From Part A, for those claims paid pursuant to a verdict being rendered, fill in the following:	
a. Total number of claims in which your insured(s) were assessed punitive damages	
b. Where your insured(s) were assessed more than \$300,000 in punitive damages:	
(1) Total number of claims	
(2) Total punitive damages assessed in above claims	\$
(3) Total indemnity you paid on these claims	\$
c. Where your insured(s) were assessed more than \$500,000 in punitive damages:	
(1) Total number of claims	
(2) Total punitive damages assessed in above claims	\$
(3) Total indemnity you paid on these claims	\$

*Part "C" of this Closed Claim Form must be filled out on each individual claim paid pursuant to a verdict being rendered in which \$300,000 or more in non-economic damages was paid to one entity.



MISSOURI DEPARTMENT OF INSURANCE,
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COMMERCIAL LIABILITY CLOSED CLAIM FORM

PART C

NAME OF COMPANY		NAIC NUMBER	
CLASS OF BUSINESS		YEAR REPORTED	
1. CLAIM FILE IDENTIFICATION NUMBER			
2. ADDRESS OF INSURED CITY		STATE	ZIP CODE
3. DATE OF INJURY	4. DATE REPORTED		
5. DATE CLOSED	6. DATE REOPENED		
7. WHERE DID ACCIDENT CAUSING CLAIM OCCUR CITY		STATE	ZIP CODE
8. BRIEFLY DESCRIBE OCCURRENCE WHICH CAUSED CLAIM			
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9. Claim involved: A Property Damage B. Bodily Injury C. Both			
10. Severity of injury/damage (use code from instructions):			
A. Property Damage		B. Bodily Injury	
11. Total number of defendants involved in this claim:			
12. Total number of plaintiffs involved in this claim:			
13. Companion file identification number(s):			
(A)	(B)	(C)	
14. Indemnity paid by you on behalf of this defendant:			
(A) Economic			\$
(B) Non-economic			\$
15. Indemnity paid on this claim by all parties for all defendants:			
(A) Economic			\$
(B) Non-economic			\$
16. Loss adjustment expense paid by you on this claim:			
(A) Loss adjustment expense paid to defense counsel			\$
(B) All other allocated loss adjustment expense paid by you			\$
17. Total amount of punitive damages assessed against this defendant:			\$
18. Was structured settlement used to pay indemnity on this claim? (Y/N)			\$