



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
PRODUCTS LIABILITY CLOSED CLAIM REPORT

MAIL TO:
 STATISTICAL SECTION
 P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
SEE INSTRUCTIONS ON REVERSE

COMPANY DATA

1. INSURER'S NAME	
2. NAIC GROUP & COMPANY CODE	3. INSURER CLAIM FILE NO.

INSURED DATA

4. CITY, STATE, ZIP CODE	FOR DEPARTMENT USE
5. TYPE OF PRODUCT	
6. MAJOR BUSINESS CLASSIFICATION (SEE INSTRUCTION SHEET)	NUMERICAL CODE

PRODUCT DATA

7. PRODUCT IN QUESTION (ISO STATISTICAL CODE)	8. INSURED'S GENERAL RATING (ISO STATISTICAL CODE)	9. DATE OF MANUFACTURE	10. DATE OF SALE
11. WAS PRODUCT IN QUESTION MODIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE OF MODIFICATION	13. BY WHOM	CODE
14. Did product meet OSHA safety requirements when manufactured?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Did product meet other safety requirements when manufactured?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15A. IF YES <input type="checkbox"/>	WHAT WAS THE SOURCE OF THE REQUIREMENTS		

16. Did product meet safety standards at the time of injury or damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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INJURY DATA

17. DATE OF OCCURRENCE	18. DESCRIBE INCIDENT WHICH CAUSED CLAIM

19. SEVERITY (CODE) BI _____ PD _____	20. INJURY OCCURRED IN <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> PLANT <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER <input type="checkbox"/>
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CLAIM DATA

21. DATE FIRST REPORTED TO INSURER	22. DATE ACTION FILED	22A. NUMBER OF DEFENDANTS IN CLAIM	22B. NUMBER OF PLAINTIFFS THIS CLAIM
23. CLAIM DISPOSITION (SEE INSTRUCTIONS)		24. COURT CODE (SEE INSTRUCTIONS)	25. NUMBER DERIVATIVE CLAIMS
26. CLAIM FILE NO. FOR EACH COMPANION CLAIM			
27. STATE OR TERRITORY UNDER WHOSE JURISDICTION CLAIM WAS DISPOSED		FOR DEPARTMENT USE	28. DATE THIS CLAIM CLOSED OR DISPOSED

CLOSURE DATA

	BODILY INJURY	PROPERTY DAMAGE	OTHER
29. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT	\$	\$	\$
30. OTHER INDEMNITY PAID BY OR ON BEHALF OF THE DEFENDANT	\$	\$	\$
31. INDEMNITY PAID BY ALL PARTIES FOR ALL DEFENDANTS	\$	\$	\$
32. TOTAL AMOUNT ALLOCATED FOR FUTURE PERIOD PAYMENTS FOR ALL DEFENDANTS	\$	\$	\$
33. LOSS ADJUSTMENT EXPENSE PAID BY YOU TO DEFENSE COUNSEL \$	34. ALL OTHER ALLOCATED LOSS ADJUSTMENT EXPENSE PAID BY YOU \$		
35. INITIAL RESERVE BY YOUR COMPANY ON THIS CLAIM \$	36. DATE OF RESERVE IF NOT DATE WHEN FIRST REOPENED		

FORM PREPARED BY (TYPE OR PRINT NAME)	TELEPHONE (AREA) NUMBER, EXTENSION
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PRODUCTS LIABILITY CLOSED CLAIM REPORT INSTRUCTIONS

COMPANY DATA

1. INSURER'S NAME - The full and legal name of the insurance company providing the coverage of this claim.
2. NAIC GROUP AND COMPANY CODE - Enter the NAIC four digit group code and the five digit company code for the company listed in Item 1.
3. INSURER CLAIM FILE NUMBER - Enter the company file number for this claim. Both alphabetic and numeric characters are permitted. DO NOT USE HYPHENS, DASHES, SLASHES OR SPACES.

INSURED DATA

4. INSURED'S ADDRESS - Enter the city, state and zip code address for the insured against whom this claim was made. "STATE" is the two letter official postal code; i.e., MO, MA, KA, etc.
5. TYPE OF PRODUCT - Enter a verbal description of the product which caused the claim to arise. If the product in question is a component of a final product, so state and name primary type(s) of end product(s).
6. MAJOR BUSINESS CLASSIFICATION - Enter both the verbal description and the numerical code.
MAJOR BUSINESS CLASSIFICATIONS
 1. Subcontractor to Manufacturer
 2. Manufacturer
 3. Wholesaler
 4. Retailer
 5. Servicer - Repairer
 6. Distributor

PRODUCT DATA

7. ISO STATISTICAL CODE FOR PRODUCT - Enter ISO (CSP) Codes from the ISO Commercial Statistical Plan, (CSP Part VI, Section C) for the product in question.
8. ISO STATISTICAL CODE FOR MANUFACTURER - This is to be complete in the event that the insurer's major line of manufacturing is different from that of the product in question (i.e., a manufacturer of airplanes who incidentally manufactures an adhesive with the adhesive being the product in question). If this item is to be reported, use the ISO (CSP) Codes as of 7-1-88 (CSP Part VI, Section C).
9. DATE OF MANUFACTURER - This item refers to the product in question. This date and all other dates are to be reported in the Form MM/DD/YY.
10. DATE OF SALE - This item refers to the product in question.
11. WAS PRODUCT IN QUESTION MODIFIED? - Enter an "X" in "YES" block if the product in question differs in any way from the product as originally produced.
12. DATE OF MODIFICATION - Enter date (as described above) only if Item 11 is "YES."
13. BY WHOM? - Describe verbally and enter code from list by whom product was modified. If "other" is entered, please explain.
 1. User
 2. Employer
 3. Serviceman of Manufacturer
 4. Serviceman of Employer
 5. Employee
 6. Other
14. DID PRODUCT MEET OSHA SAFETY REQUIREMENTS WHEN MANUFACTURED? (Self-Explanatory)
15. DID PRODUCT MEET OTHER SAFETY REQUIREMENTS WHEN MANUFACTURED? - If product met **any** safety standards other than OSHA when manufactured, enter an "X" in the "YES" block.
- 15a. IF YES, WHAT WAS THE SOURCE OF THE REQUIREMENT? - Enter whether source was Federal, State, Local or other. If "other", please explain.
16. DID PRODUCT MEET SAFETY STANDARDS AT THE TIME OF INJURY OR DAMAGE? - This question does not refer to standards existent at the time of manufacturer. In order to enter "Yes," the product in question must have met standards for the product or product type that were in effect at the time of injury or damage.

Example: A product was manufactured in 1950 and met Federal safety standards existent at that time; Item 15 is answered "YES." However, since 1950, much more stringent safety regulations for the product have come into effect. The product in question has not been enhanced to meet these new safety requirements. Therefore, an "X" must be entered in the "NO" block.

INJURY DATA

17. DATE OF OCCURRENCE - Date must be in format specified in Item 9.
18. DESCRIBE INCIDENT WHICH CAUSED CLAIM (Self-Explanatory)

19. SEVERITY CODE - This two digit degree code ranks the degree of injury and/or property damage that occurred. In no way is the severity related to the financial aspects of the claim. Please select and enter the appropriate number in each block. The rankings are independent and do not have to be equal.

First Digit

BODILY INJURY

- 0 No injury (or legal issue)
- 1 Emotional only
- 2 Temporary - Insignificant
- 3 Temporary - Minor
- 4 Temporary - Major
- 5 Permanent - Minor
- 6 Permanent - Significant
- 7 Permanent - Major
- 8 Permanent - Grave
- 9 Death

Second Digit

PROPERTY DAMAGE

- 0 No property damage
- Minor Property**
- 1 Little or no interruption
- 2 Interrupted use
- 3 Total replacement

Intermediate Property

- 4 No interruption
- 5 Interrupted use
- 6 Total replacement

Principal Property

- 7 No interruption
- 8 Interrupted use
- 9 Total replacement

20. INJURY OCCURRED IN (Self-Explanatory)

CLAIM DATA

21. DATE FIRST REPORTED TO INSURER - Date must be in format of Item 9.
22. DATE ACTION FILED - This date implies some type of legal action, such as the date a suit was filed for the first time. Enter date in same format as all other dates. If claim was closed without legal action, leave blank.
- 22a. NUMBER DEFENDANTS IN CLAIM.
- 22b. NUMBER PLAINTIFFS IN THIS CLAIM - both items refer to this claim only. For derivative and companion claims, refer to Items 25 and 26.
23. CLAIM DISPOSITION - For this claim, enter **final** method of disposition, numerical code only.
 1. Settled by parties (including claims abandoned)
 2. Disposed of by a court (including dismissals)
 3. Disposed of by binding arbitration
24. COURT CODE - For this claim, enter the appropriate court code.
 - 0 No court proceedings were initiated
 - 1 Directed verdict for plaintiff
 - 2 Directed verdict for defendant
 - 3 Judgment notwithstanding verdict for plaintiff (judgment for defendant)
 - 4 Judgment notwithstanding verdict for defendant (judgment for plaintiff)
 - 5 Judgment for plaintiff
 - 6 Judgment for defendant
 - 7 Judgment for plaintiff after appeal
 - 8 Judgment for defendant after appeal
 - 9 All others (including dismissals and claims settled after initiation of court proceedings)
25. NUMBER DERIVATIVE CLAIMS - Enter the total number of derivative or companion claims arising from the incident which caused this claim to be made.
26. CLAIM FILE NUMBER FOR EACH COMPANION CLAIM - Enter claim file number in the same format as Item 3. Use additional paper, if necessary. The quantity of file numbers must equal the number of derivative claims reported in Item 25.
27. STATE OR TERRITORY UNDER WHOSE JURISDICTION CLAIM WAS DISPOSED - Enter full name of State or Territory where claim was disposed regardless of whether or not legal action was involved.
28. DATE THIS CLAIM CLOSED OR DISPOSED - Date must be in format of Item 9.

CLOSURE DATE

ITEMS 29-35 - No decimals are to be entered. Round to the nearest dollar.

29. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT - Enter all amounts paid by this insurer.
30. OTHER INDEMNITY PAID BY OR ON BEHALF OF THIS DEFENDANT - Enter all amounts paid by other than this insurer. Item can include amount paid by insured as a deductible and amounts paid by other insurers, if known.
31. INDEMNITY PAID BY ALL PARTIES FOR ALL DEFENDANTS - Must at least equal the sum(s) of Item 29 and 30.
32. - 36. Self-Explanatory