

Commercial Liability Insurance Report Online User Manual

Missouri Department of Insurance, Financial Institutions and Professional Registration

Contents

Summary	1
Site Address	1
Account Management	1
Account Registration.....	1
Registration Process.....	2
Contact Information Updates	2
Reporting	3
Contact Us.....	8
Logout	8

Summary

To further assist our patrons, Commercial Liability Insurance Reports can now be created and updated online through DIFP Statistics Claim Reporting Portal. This tutorial guides users through the online system for data management. This guide does not provide information about requirements or regulations.

Site Address

<https://apps.difp.mo.gov/ProfLiab/Login.aspx>

Account Management

Users require an approved account to create and update data. New users must create an account and receive approval prior to creating and updating data. Existing users will need to sign in to manage their account information.

Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DIFP:

- Create a User Name

- Provide a valid Email Address
- Create a Password
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide NAIC number(s) associated with type of filing(s)

Registration Process

New users must register with DIFP to gain access to the application. See instructions for new user sign up: <https://apps.difp.mo.gov/ProfLiab/Login.aspx>

Contact Information Updates

It is important to keep your contact information up-to-date, log in into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To log in, provide your username and password.

- If you forget your account login information, you may request your information be sent to your on-file email address by selecting the “Can’t access your account?” link.

STATISTICS CLAIMS REPORTING REGISTRATION

SIGN IN

Account Information

Please enter your username and password.

Username:

Password:

[User Guide](#)

[Can't access your account?](#)

Not Registered? [Sign up](#)

[Contact Us](#)

Once you log in, the page redirects to the portal homepage. From the portal homepage select your NAIC Code and form type.

Reporting

Once you have selected the NAIC Code for your company and form selection you will be directed to the reporting form. Verify the Name of the Company, NAIC Group and Company Codes are correct. NOTE: Companies who have nothing to report are not required to file.

The Profitability Report form will appear as follows:



Missouri Commercial Liability Profitability Report

Name of Company: **AMER - VICTORIA FIRE & CASUALTY COMPANY**
 NAIC Company Code: **00000** [Change](#)
 NAIC Group Code: **0000**
 For Year Ending: **2014**
 Name of Submitter: **1710000**
 Title :
 Telephone Number : **314 775 4800**
 EMAIL : **Missouri@amer.com**

Class Of Business	Direct Premium Written	Direct Premium Earned	Direct Losses Paid	Direct Losses Incurred	Dividends To Policyholders	Comments	Pa
I. Commercial Automobile Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Ia. Truckers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
*Ia1. Local	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*Ia2. Long-Haul	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*Ib. Garage Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
II. Liability Other than Auto (General Liability)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
IiA. Governmental	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*IiA1. Schools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiA2. Water/Sewer Districts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiA3. Municipalities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
IiB. Contracting or Servicing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*IiB1. Pest Control	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiB2. Asbestos Removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
IiC. Mercantile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*IiC1. Liquor Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiC2. Machine & Equipment Dealers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiC3. Other Retail & Wholesale Stores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
IiD. Miscellaneous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*IiD1. Amusement & Recreational	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiD2. Day Care Centers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiD3. Apartment & Condominium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IiD4. Hotels & Motels	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
III. EIL (Pollution Liability)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
IV. Professional Liability (Other than Medical)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*IVa. Architects & Engineers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IVb. Veterinarians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IVc. Insurance Agents/Brokers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa
*IVd. Directors & Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Pa

For claims in which a verdict was rendered in which \$300,000 or more in non-economic damages were paid to one entity, print and complete parts **B** and **C** to be mailed in.

[Download Part B](#)

[Download Part C](#)

Same as Above

First name of report Preparer :

Last name of report Preparer :

Telephone :

EMAIL :

Comment Fields: The Comments text box is accessed by clicking on the “callout” icon:  . Each Class of Business type has a comments field associated with it at the end of its row. The comments field is optional and can be used when an explanation needs to be provided. For Example: When data reported for Local Truckers (1a1) is more than what is being reported for Truckers (1a), an explanation needs to be provided in this Comment Field.

Part A: The Part A Form is accessed by clicking on the “Part A” Link: [Part A](#) . Each Part A form is associated with the Class of Business type in that row. If Direct Losses Paid is being reported, then a Part A form is required to be completed.

For completion of Part B and Part C:

Use the [DOWNLOAD PART B](#) and [DOWNLOAD PART C](#) links to download and print the forms. The Part B and Part C form must be either mailed to DIFP, Attn: Statistics Section, 301 West High St., 5th Floor, Room 530, Jefferson City, MO 65101 OR emailed to: Statistics@insurance.mo.gov .

To SUBMIT the completed form:

Check the SAME AS ABOVE checkbox to fill the following preparer information with the information from the User Account. If other Preparer information is desired, it may be entered in the boxes.

The SUBMIT button checks to verify fields have been completed properly. If not, a Notice Box will appear at the top of the screen and will give direction to what and where the error is. (See example below):

Please correct the following:

▲ I. Commercial Automobile Liability – Direct Premium Written cannot be 0 if (1a1) - (1b) other than 0

Name of Company:
 NAIC Company Code: [Change](#)
 NAIC Group Code:
 For Year Ending: 2014
 Name of Submitter:
 Title:
 Telephone Number:
 EMAIL:

Class Of Business	Direct Premium Written	Direct Premium Earned	Direct Losses Paid	Direct Losses Incurred	Dividends To Policyholders	Comm
I. Commercial Automobile Liability	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Ia. Truckers	<input type="text" value="1"/>	<input type="text" value=""/>				
*1a1. Local	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
*1a2. Long-Haul	<input type="text" value="1"/>	<input type="text" value=""/>				
*1b. Garage Liability	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
II. Liability Other than Auto (General Liability)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Once SUBMITTED and ACCEPTED by our office you will receive a confirmation number. Please print and keep for your records.



Missouri Department of Insurance
 Financial Institutions & Professional Registration

Welcome
[Log Off](#)

Form : [Commercial Liability](#)
 Confirmation Number : [CL7869451](#)
 For Year Ending : 2014
 CompanyId : 42889
 Status : **Form Submitted**

[Home](#)

[Privacy Policy](#) [Accessibility](#) [Contact Us](#) [Data Policy](#) [Alerts](#) [Follow us on Google+](#)

SAVE: Save the form in its current form.

PRINT: Print the form.

HOME: Returns to the HOME screen for form selection OR to enter/submit data for another company you are reporting for.

CANCEL: Removes all unsaved entries and returns to the HOME screen

The Part A form will appear as follows:



Missouri Department of Insurance
 Financial Institutions & Professional Registration
Missouri Commercial Liability Profitability Report

Welcome [User Name]
[Log Off](#)

Missouri Commercial Liability Profitability Report

Name of Company: **ACER - VICTORIA FIRE & CASUALTY COMPANY**
 NAIC Company Code: **40000** [Change](#)
 NAIC Group Code: **0000**
 For Year Ending: **2014**
 Name of Submitter: **J. Taylor**
 Title :
 Telephone Number : **314.750.8887**
 EMAIL : **jtaylor@acervictoria.com**

Class of Business : **Long-Haul**

Year Incurred	Claims Closed			Outstanding Claims		
	Number of Claims Paid	Number of Claims Closed Without Payment	Dollars Paid	Number of Claims Unpaid Year End	Dollar Amount Reserved Year End	Dollars Paid In Partial Payments
1995 or before	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
1996	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
1997	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
1998	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
1999	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2000	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2001	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2002	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2003	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2004	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2005	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2006	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2007	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2008	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2009	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2010	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2011	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2012	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2013	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2014	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	0	0	\$0	0	\$0	\$0

CLASS OF BUSINESS: Displays which line of business this PART A form is for.

TOTAL ROW: This row sums the columns automatically, upon moving to another entry box.

SAVE: Saves new field entries

SAVE & RETURN: Saves new field entries and returns to MISSOURI COMMERCIAL LIABILITY PROFITABILITY REPORT

CLEAR: Removes any entries that have been made since last time SAVE or SAVE & RETURN was used

CANCEL: Returns to MISSOURI COMMERCIAL LIABILITY PROFITABILITY REPORT without saving any changes since last time SAVE or SAVE & RETURN was used

Contact Us

Contact the Department of Insurance, Financial Institutions, and Professional Registration, Statistics Section, for help with completing this online report by emailing: Statistics@insurance.mo.gov

User Guide

This User Guide can be obtained from the **User Guide** menu as well as from the DIFP web site at http://insurance.mo.gov/industry/filings/stats/Stats_Portal_Comm_Liability_Guide.pdf

Logout

Before closing the application, be sure to logout. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.