



# **State of Connecticut Insurance Department**

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## **Connecticut Medical Malpractice Annual Report**

May 2013

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## Connecticut Medical Malpractice Annual Report – 2013 (Business of 2012)

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# **Connecticut Medical Malpractice Closed Claim Annual Report – 2013**

## **I. Introduction**

Pursuant to Section 14 of Public Act 05-275, codified as C.G.S. section 38a-395, the Connecticut Insurance Department (the “Department”) hereby submits its 2013 annual report to the General Assembly. The report summarizes the Connecticut medical malpractice liability closed claim data received by the Department for the calendar years 2008 through 2012. In addition, it provides a summary of rate filing activity for 2012, premium information by medical provider specialty for 2012 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at [www.ct.gov/cid](http://www.ct.gov/cid).

## **II. Background**

The Connecticut legislature passed Public Act 05-275 (the “Act”) in 2005. This Act, among other things, required that after January 1, 2006 each insurer “that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability” provide the Insurance Commissioner with a closed claim report on a quarterly basis. For purposes of closed claim reporting, an “insurer” includes captives and self-insured entities or persons. In 2007, the legislature passed Public Act 07-25 which expanded the definition of medical specialties for which closed claim reporting was required. The expanded reporting, effective October 1, 2007, requires submission of closed claims for all “medical professionals and hospitals”. The definition of “medical professional” has the same meaning as provided in C.G.S. section 38a-976. The details of the requirements for the claim information to be reported are provided in C.G.S. section 38a-395(c) and a copy of 38a-395 as revised in 2007 is attached as Appendix 4.

The individual closed claim data collected by the Department, as required by C.G.S. 38a-395, is confidential. As a result, this report summarizes data in order to maintain the confidentiality of the individual claim information filed by each reporting entity.

## **III. Data Collection**

During 2008, Department staff, in conjunction with the University of Connecticut’s Department of Computer Science and Engineering, developed a new data reporting application. This secured web-based application, which became operational in the fourth quarter of and year-end 2008 reporting. Since that time users have been able to submit closed claim information directly to the Department’s website. This new reporting tool will enhance the quality and timeliness of the data and has received positive feedback from reporting entities. Closed claim data prior to the fourth quarter of 2008 were submitted using the Department’s previous software application.

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10<sup>th</sup> of the month following the last month of

each quarter. In addition to the closed claim data, the Department also captures annual calendar year premium and loss information as required in the statute. Information on rate filing activity was compiled from the Department's files.

We received data from 119 insuring entities, which included 48 admitted insurance companies, 29 surplus lines insurers, 16 risk retention groups (RRG's) and 26 hospitals or hospital groups that are either self-insured or insured with a captive. While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is now the leading writer of medical malpractice liability insurance in the state. MCIC, although continuing to assert the exemption, agreed to supply summarized claim information to the Department again this year.

On May 7, 2010 the Department requested an opinion from the Attorney General as to the extent to which the Department can use its regulatory authority to compel RRG's to supply this data for our analysis. As of the date of this report the Department has not received a response to that request.

#### **IV. Description of Analysis**

A claim is a demand for compensation due to alleged malpractice of a health care provider or facility as defined in the Act. For the purposes of this report, and based on general practice, when an insurer opens a file and begins to investigate the circumstances of a demand for compensation, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed, even when the claimant receives no payment, the claim must be reported and counted as a closed claim.

In this report, two primary pieces of claim data are analyzed:

- **Paid indemnity:** The amount of compensation paid to a claimant or plaintiff on behalf of each defendant.
- **Allocated Loss Adjustment Expenses (ALAE):** These are expenses associated with defending the case. They are comprised of payments to defense counsel for legal services, and other expenses incurred by the insuring entity to handle a specific claim, such as investigations or fees for expert witnesses.

In this analysis, as displayed on the reports in Appendix 1, we organized and summarized the data to reflect the types of medical malpractice claims, the age and size of these claims and the type of insurer. For purposes of this report, we define Commercial Insurer

("Commercial Insurer") to include admitted insurers and surplus lines carriers. Also, experience for captives, RRG's and self-insurers (Captives/Self-Insurers) was combined.

This report contains the most recent five full years of closed claim data reported to us. Given that Connecticut is a relatively small state the overall statistical credibility of the data is somewhat limited and therefore, caution should be exercised in drawing any definitive conclusions at this time.

Appendix 2 also includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2008 through 2012. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

In Appendix 3, we have provided annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2011 and 2012 we have displayed premium, loss, expense and investment income data individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, we have provided similar data for all companies combined for calendar years 2003 – 2012. These exhibits do not include data for captives or self-insurers, but do include RRG's.

## **V. Limitations of Analysis**

The loss analysis is based entirely on historical closed claim data. That is, claims are reported to us and included in this analysis based on the quarter and year in which they reach a final outcome and all payments had been made. Some arose from fairly recent medical incidents, but most arose from incidents that occurred a number of years ago.

The Department has relied on the accuracy of the data submitted by the various insuring entities. Other than checking the claim data for reasonability, the Department has not attempted to verify or audit the accuracy of the submitted information directly with the reporting entities. As such, the quality of the analysis is dependent on the accuracy of the data submitted by the insurers and self-insurers.

This report is not intended to be used to evaluate past or current medical malpractice liability insurance rates.

## **VI. Key Findings**

While the data is limited in that it only includes claims closed in the five calendar years ending December 31, 2012, there are some observations that can be made from an analysis of the claim information. Greater detail is provided in Section VII which provides the narrative describing the reports and charts in Appendix 1.

- **Total Claims:** A total of 3,221 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,729. Captives/Self-Insurers reported 1,492 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. A little over half (54%) of the claims had no indemnity payments, while the remaining 46% closed with an indemnity payment. The total amount paid to claimants was \$836 million, an average of \$560,656 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages.
- **Defense Counsel Payments:** Over half of the claims closed with no payments to claimants, yet 70%, or 2,254, generated legal expenses to defend the claim. These expenses totaled \$146 million, an average of \$64,818 per claim. Of these almost 50% (1,098) were for incidents that had no payments to claimants, averaging \$44,986 for legal expenses. For incidents with payments to claimants average legal expenses are higher at \$83,655.
- **Indemnity Payments and Size of Claims:** More than half of all claims that have an indemnity payment have a payments of less than \$200,000. But million dollar plus claims, with only 16% of all claim counts represent 66% of all indemnity payments, over \$560 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,492 claims that closed with an indemnity payment, 251 closed within one year of being reported and had an average paid indemnity of \$102,354. That average figure rose to \$942,977 for claims closing between 60 and 90 months from being reported. It exceeds \$2.7 million for claims that take longer than ten years to close.
- **Defense Counsel Payments and Age of Claim:** Average defense counsel payments also increased with the age of claim.
- **Claim Outcomes:** Of the 3,221 reported claims, 1,492 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 97% were settled, with 94% settled before trial began. The remaining 1,729 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 90% were settled, with 82% of those settled before trial began.

## VII. Detailed Findings

This discussion corresponds to the reports and charts attached as Appendix 1. The reader is encouraged to review those exhibits for full details.

### **Claims by Insurer (Reports 1, 2 and 3)**

Of the total of 3,221 claims, 1,492, or 46% had indemnity payments to a claimant at an average value of \$560,656. While Commercial Insurers reported a greater number of claims in total, Captives/Self-Insurers actually had more claims with indemnity payments (865 to 627). The average claim size for Commercial Insurers (\$519,614) is also lower than for Captives/Self-Insurers (590,406). Fewer claims closed in 2012 compared to 2011, in total and for both subgroups, while the average values of indemnity payments increased in 2012 compared to the previous four years.

Of the total 3,221 claims, 70% had payments to defense counsel. There was little difference between Commercial Insurers and Captives/Self-Insurers in the proportion of claims with legal defense costs. For the five years of data combined, Captives/Self Insurers average legal expenses were higher per claim than Commercial Insurers.

When other ALAE are included with defense counsel payments, the total of \$183 million represents the amount expended to defend and investigate claims. This represents nearly 22% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

### **Claims by Size (Reports 4 and 5)**

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,492 claims, 236, or 16% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$552 million, or 66% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million represented another 225 claims (15%) with \$164 million of payments. Thus, the 461 claims greater than \$500,000 represent approximately 31% of the claims, but over 85% of the total paid indemnity.

On the other hand, 34% of legal defense costs are expended to defend claims where there are no indemnity payments. The distribution of the defense counsel payments by size of loss is shown on Report 5 and Chart 5-1. Legal defense costs for the \$1 million and above claims represent 26 % of the total. And, the average amount of defense costs per claim generally increases as the claims get larger.

### **Age of Claim (Report 6)**

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. A majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took a little less than three and one half years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about 18 months, which suggests claims are closed, on average, less than five years after injury. Average payments increased as the claim aged, with claims closing more than five years after the report date averaging over \$1 million per claim. The average value exceeds \$2.7 million for claims closing more than ten years after the report date. The distribution of

claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 and 6-2.

As expected, the older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, less than 25% had defense counsel payments. For claims closing after three years, the percentage approaches 100%. As with indemnity costs the average legal cost associated with a claim increased as the claim aged. Claims closed in the first six months averaged legal costs of \$4,694 while those closing five or more years after being reported averaged over \$125,000. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5 we note that nearly 40% of claims with an indemnity payment take at least 5 years from date of injury to finally close

### **Severity of Injury (Report 7)**

Of the 1,492 claims reported as closed with an indemnity payment, 410, or 28% were due to the death of the injured party, with average paid indemnity of \$849,490. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity over \$1.5 million, which was nearly three times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 191 severe “permanent injury” claims, when combined with the death cases, comprise over 76% of the total indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 191 most serious non-death claims were significantly higher than the overall average. For those claims, 174 of which had defense counsel costs, the average was \$147,230 compared to \$83,655 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 64% had defense counsel payments that averaged \$44,986. However, for the most serious non-death permanent injury claims, 78% required legal defense at an average cost of \$75,121. Details of legal costs for these claims by injury type are displayed on Report 7, Part 3 and Chart 7-3

### **Claims by Physician Specialty (Report 8)**

These exhibits show the medical provider specialties for which claims were reported that had indemnity payments. Hospitals-General had the most claims followed by the Physicians-Other category. The majority (nearly 95%) of the Hospital claims were reported by the Captives/Self-Insurers, while Commercial Insurers reported the most in the Physicians-other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had

almost 50% of the claims, the average indemnity payment was \$630,467, about 12% above the overall average. The Gynecology/OB-GYN specialty had the highest average claim size at \$1,068,109 followed by anesthesiology at \$859,895. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. We note that four of the specialty areas have less than 15 claims over the five year period.

In addition to claim information, Report 8, Part 2 also displays base premiums by medical provider specialty for Commercial Insurers. For purposes of this report, base premiums are defined as the manual premium before the application of increased limits factors or experience debits and credits. Base premiums were not available from the Captives/Self-Insurers.

### **Claims by Outcome (Report 9)**

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 3,221 closed claims, 54% resulted in no payment to the plaintiff. Of these, 90.0% were settled and virtually all cases were resolved either before litigation began or before trial. Claims closed before a lawsuit was filed tended to be less serious and closed within approximately three and one half years of the incident date on average. Of the claims that were not settled, the average time to final resolution was much longer than for settled cases.
- The remaining 46% of closed claims resulted in indemnity payments to the plaintiff. Of these, 97.4% were settled, with most of those being settled before trial. Only 39 of the 1,492 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 18% resulted in payments to the plaintiff. For cases that were settled, 48% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$560,656 with additional expenses for total ALAE of \$80,737 per claim. For cases that had court dispositions, the average payment was over \$1.5 million with \$278,585 of ALAE per claim.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., a death claim is a 9, a grave permanent claim is an 8, and so on) for the claims in each category.

### **Claim Reserves (Report 10)**

These exhibits display combined final indemnity and all ALAE payments with the initial and final reserves for those claims. The reserve amounts represent the insurer’s best estimate at two points in time of what they believe the ultimate payment will be when the claim finally closes. A comparison of the initial reserves to the final payments shows that the first estimates were significantly lower than the average final payment. There is little difference between the Commercial Insurers and the Captives/Self-Insurers in this relationship.

The final reserve amounts were much closer to, but slightly higher than, the final payments. While these values represent averages for all five years of data combined, these differences in the initial estimates versus the final payments highlight the difficulty all insurers have in accurately assessing what the ultimate payout will be for a particular claim. This is especially true in the early stages of claim development when details related to the incident are still incomplete.

### **Economic and Non-Economic Damages (Report 11)**

Reporting entities were asked to split the final indemnity payment into economic and non-economic damages. Economic damages are usually defined as objectively verifiable monetary losses such as medical expenses, loss of earnings, burial costs, etc. Non-economic damages typically refer to subjective non-monetary losses such as pain, suffering, inconvenience, emotional distress, etc. For 45% of the cases, or 677, insurers failed to provide this split in the reported data as they indicated that such information was not available in the final settlement.

For the claims where the split was provided, approximately 70% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$515,596, or approximately 8% lower than the overall average for all claims with indemnity payments. Commercial Insurers provided the split on 65% of the claims reported and 69% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 47% of reported claims and had the same proportion allocated to non-economic damages at 69%.

## **VIII. Rate Filings and Industry Calendar Year Data**

### **Rate Filings for Professional Liability**

There were no rate filings received by the Department during 2012 for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants.

### **Calendar Year Premium and Losses (Appendix 2, Report 12)**

Report 12 displays calendar year earned premium and losses for 2008 through 2012 separately for Commercial Insurers, captives (including RRG's) and self-insurers. This information is compiled from data submissions provided by insuring entities that responded to the data call. As such, it includes data from captives and self insurers that are not included in the industry data in Appendix 3. It should be noted that the paid losses included in this report are not directly comparable to the amounts shown in the closed claim reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open. It should also be noted that the incurred losses in Report 12 do not include reserves for incurred but not reported (IBNR) claims.

While only five years of data has limited value in determining long term trends, we do observe premium volume in all groups has declined over the past four years and more so for Captives and Self Insureds.

### **Industry Data from the NAIC (Appendix 3)**

In Appendix 3, we display industry data compiled from annual financial statements provided to the NAIC by all companies writing medical malpractice business in Connecticut. Data is included for licensed companies, surplus lines companies and risk retention groups, but excludes captives. It also includes data from companies that write business for medical provider specialties (e.g., chiropractors or psychiatrists) that were not included in the Connecticut-specific data call until the fourth quarter of 2007.

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2012. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show profitability on the insurance transaction through 2006; then a 3.4% loss in 2007; then profitability again through 2011. While the NAIC profitability report is not yet available for 2012, the continued low incurred loss ratios suggest that profitability is likely to continue in 2012.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, surplus lines companies, and risk retention groups. The reserve take downs observed in 2008 and 2009 by the surplus lines companies did not continue in subsequent years. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. Licensed companies' experience has been more stable from 2003 through 2009. The 2010 year reflects substantial reserve takedowns, with experience in 2011 and 2012 closer to historical ratios.

Exhibits 5 and 6 provide premium, loss and expense experience for 2011 and 2012 separately for the top fifteen writers. The written premium decline that we observed in the last three years continues in 2011. The market remains concentrated with 88% of the premium written by the top 15 insurers. ProSelect Insurance Company, MCIC, VT, Inc., an RRG covering several hospitals in Connecticut, and Connecticut Medical Insurance Company (CMIC) continue as the top three writers with over 70% of total direct written premium.

In addition, we have provided Exhibit 7 which displays investment income for 2011 and 2012 for the 15 leading insurers in the state. As noted above, these companies write 88% of the statewide premium. Meaningful comparisons are limited since investment earnings are not specific to medical malpractice insurance or to policies written just in Connecticut as they are derived from all assets held by the companies.

**Connecticut Medical Malpractice Annual Report – 2013  
(Business of 2012)**

**Appendix 1**

**Closed Claim Analysis Reports**

# ***Connecticut Department of Insurance***

## **Indemnity Payments**

### **All Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2008	666	337	329	\$204,916,837	\$608,062
2009	613	315	298	\$168,755,955	\$535,733
2010	692	303	389	\$166,069,193	\$548,083
2011	700	310	390	\$139,107,322	\$448,733
2012	550	227	323	\$157,649,479	\$694,491
<b>Total</b>	<b>3221</b>	<b>1492</b>	<b>1729</b>	<b>\$836,498,786</b>	<b>\$560,656</b>

*(6)=(5)/(3)*

*Monday, May 06, 2013*

*Report 1 - Part 1*

# ***Connecticut Department of Insurance***

## **Indemnity Payments**

### **Commercial Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2008	349	141	208	\$89,847,687	\$637,218
2009	318	136	182	\$58,841,929	\$432,661
2010	377	128	249	\$61,523,082	\$480,649
2011	375	125	250	\$50,425,451	\$403,404
2012	310	97	213	\$65,159,728	\$671,750
<b>Total</b>	<b>1729</b>	<b>627</b>	<b>1102</b>	<b>\$325,797,877</b>	<b>\$519,614</b>

*(6)=(5)/(3)*

# ***Connecticut Department of Insurance***

## **Indemnity Payments**

### **Captives and Self Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2008	317	196	121	\$115,069,150	\$587,088
2009	295	179	116	\$109,914,026	\$614,045
2010	315	175	140	\$104,546,111	\$597,406
2011	325	185	140	\$88,681,871	\$479,361
2012	240	130	110	\$92,489,751	\$711,460
<b>Total</b>	<b>1492</b>	<b>865</b>	<b>627</b>	<b>\$510,700,909</b>	<b>\$590,406</b>

*(6)=(5)/(3)*

**Connecticut Department of Insurance**  
**Defense Counsel Payments**  
**All Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	666	506	\$29,254,423	238	\$45,265	268	\$68,961
2009	613	464	\$32,583,451	213	\$50,389	251	\$87,054
2010	692	467	\$27,258,566	237	\$36,733	230	\$80,665
2011	700	462	\$29,807,406	222	\$50,614	240	\$77,380
2012	550	355	\$27,195,683	188	\$42,273	167	\$115,260
<b>Total</b>	<b>3221</b>	<b>2254</b>	<b>\$146,099,529</b>	<b>1098</b>	<b>\$44,986</b>	<b>1156</b>	<b>\$83,655</b>

(3)=(5)+(7)

**Connecticut Department of Insurance**  
**Defense Counsel Payments**  
**Commercial Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	349	274	\$14,491,499	147	\$42,118	127	\$65,355
2009	318	248	\$11,907,051	135	\$46,197	113	\$50,181
2010	377	258	\$11,547,229	152	\$37,851	106	\$54,659
2011	375	243	\$11,199,932	133	\$36,422	110	\$57,780
2012	310	205	\$12,254,675	122	\$34,672	83	\$96,682
<b>Total</b>	<b>1729</b>	<b>1228</b>	<b>\$61,400,386</b>	<b>689</b>	<b>\$39,558</b>	<b>539</b>	<b>\$63,348</b>

(3)=(5)+(7)

**Connecticut Department of Insurance**  
**Defense Counsel Payments**  
**Captives and Self Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	317	232	\$14,762,924	91	\$50,347	141	\$72,208
2009	295	216	\$20,676,400	78	\$57,644	138	\$117,248
2010	315	209	\$15,711,337	85	\$34,732	124	\$102,896
2011	325	219	\$18,607,474	89	\$71,821	130	\$93,965
2012	240	150	\$14,941,008	66	\$56,322	84	\$133,616
<b>Total</b>	<b>1492</b>	<b>1026</b>	<b>\$84,699,143</b>	<b>409</b>	<b>\$54,130</b>	<b>617</b>	<b>\$101,394</b>

(3)=(5)+(7)

***Connecticut Department of Insurance***  
**Allocated Loss Adjustment Expenses (ALAE) as a**  
**Percent of Indemnity Payments**  
**All Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2008	666	538	\$204,916,837	\$29,254,423	\$7,847,516	18.1%
2009	613	491	\$168,755,955	\$32,583,451	\$5,558,416	22.6%
2010	692	511	\$166,069,193	\$27,258,566	\$7,603,452	21.0%
2011	700	506	\$139,107,322	\$29,807,406	\$8,932,935	27.8%
2012	550	385	\$157,649,479	\$27,195,683	\$7,005,773	21.7%
<b>Total</b>	<b>3221</b>	<b>2431</b>	<b>\$836,498,786</b>	<b>\$146,099,529</b>	<b>\$36,948,092</b>	<b>21.9%</b>

*(7)=(5)+(6)/(4)*

***Connecticut Department of Insurance***  
**Allocated Loss Adjustment Expenses (ALAE) as a**  
**Percent of Indemnity Payments**  
**Commercial Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2008	349	292	\$89,847,687	\$14,491,499	\$4,653,299	21.3%
2009	318	270	\$58,841,929	\$11,907,051	\$4,334,302	27.6%
2010	377	287	\$61,523,082	\$11,547,229	\$4,132,403	25.5%
2011	375	273	\$50,425,451	\$11,199,932	\$2,403,715	27.0%
2012	310	222	\$65,159,728	\$12,254,675	\$4,298,554	25.4%
<b>Total</b>	<b>1729</b>	<b>1344</b>	<b>\$325,797,877</b>	<b>\$61,400,386</b>	<b>\$19,822,273</b>	<b>24.9%</b>

*(7)=(5)+(6)/(4)*

***Connecticut Department of Insurance***  
**Allocated Loss Adjustment Expenses (ALAE) as a**  
**Percent of Indemnity Payments**  
**Captives and Self Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2008	317	246	\$115,069,150	\$14,762,924	\$3,194,217	15.6%
2009	295	221	\$109,914,026	\$20,676,400	\$1,224,114	19.9%
2010	315	224	\$104,546,111	\$15,711,337	\$3,471,049	18.3%
2011	325	233	\$88,681,871	\$18,607,474	\$6,529,220	28.3%
2012	240	163	\$92,489,751	\$14,941,008	\$2,707,219	19.1%
<b>Total</b>	<b>1492</b>	<b>1087</b>	<b>\$510,700,909</b>	<b>\$84,699,143</b>	<b>\$17,125,819</b>	<b>19.9%</b>

*(7)=(5)+(6)/(4)*

# ***Connecticut Department of Insurance***

## **Indemnity Payments for Claims**

### **All Insurers**

**2008 - 2012 Aggregate**

<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	612	41.0%	\$19,568,881	\$31,975	2.3%
\$100,000 - \$199,999	167	11.2%	\$22,617,489	\$135,434	2.7%
\$200,000 - \$299,999	113	7.6%	\$26,773,223	\$236,931	3.2%
\$300,000 - \$399,999	87	5.8%	\$28,701,773	\$329,905	3.4%
\$400,000 - \$499,999	52	3.5%	\$22,538,342	\$433,430	2.7%
\$500,000 - \$599,999	49	3.3%	\$25,393,670	\$518,238	3.0%
\$600,000 - \$699,999	42	2.8%	\$26,261,447	\$625,273	3.1%
\$700,000 - \$799,999	46	3.1%	\$33,766,939	\$734,064	4.0%
\$800,000 - \$899,999	37	2.5%	\$31,201,531	\$843,285	3.7%
\$900,000 - \$999,999	51	3.4%	\$48,114,341	\$943,418	5.8%
\$1,000,000 and Over	236	15.8%	\$551,561,150	\$2,337,124	65.9%
<b>Total</b>	<b>1492</b>	<b>100.0%</b>	<b>\$836,498,786</b>	<b>\$560,656</b>	<b>100.0%</b>

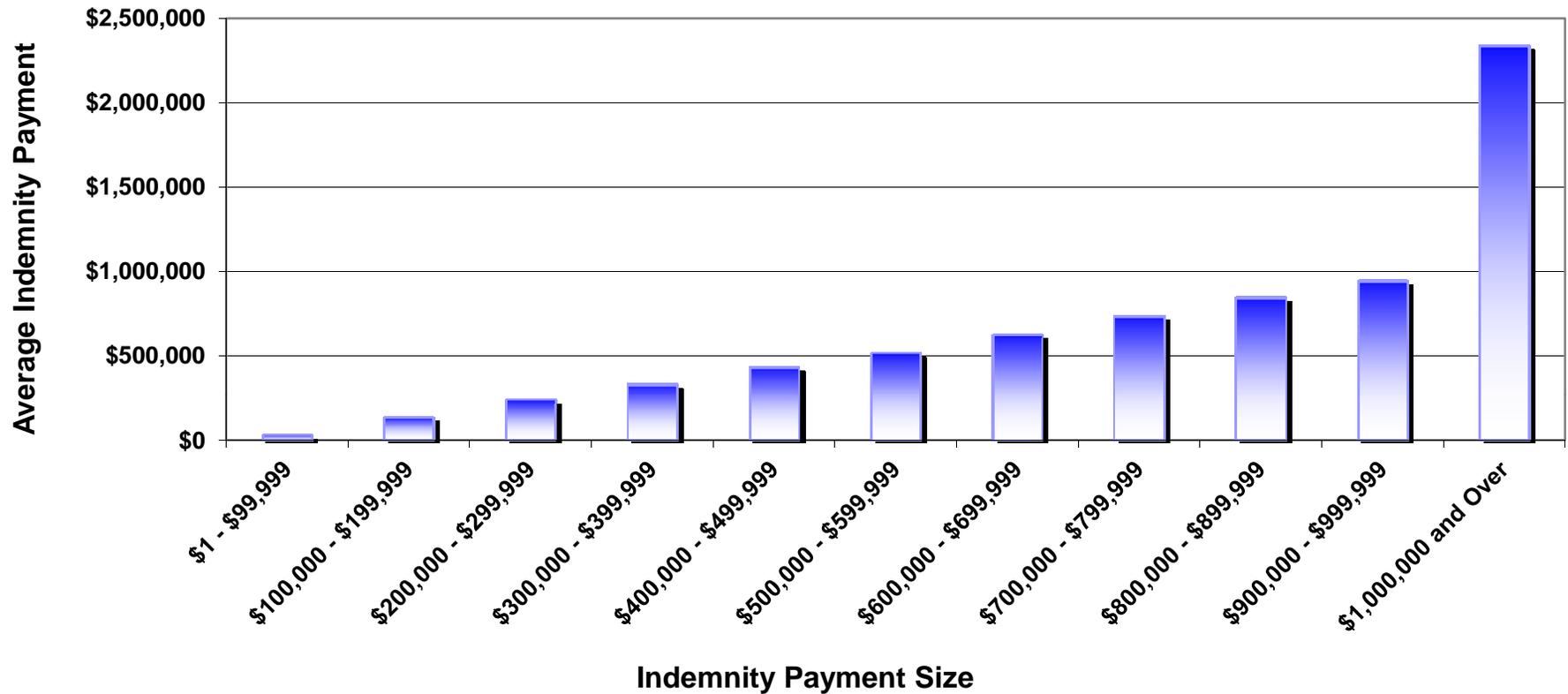
(3)=(2) for each range/(2) total

(5)=(4)/(2)

(6)=(4) for each range/(4) total

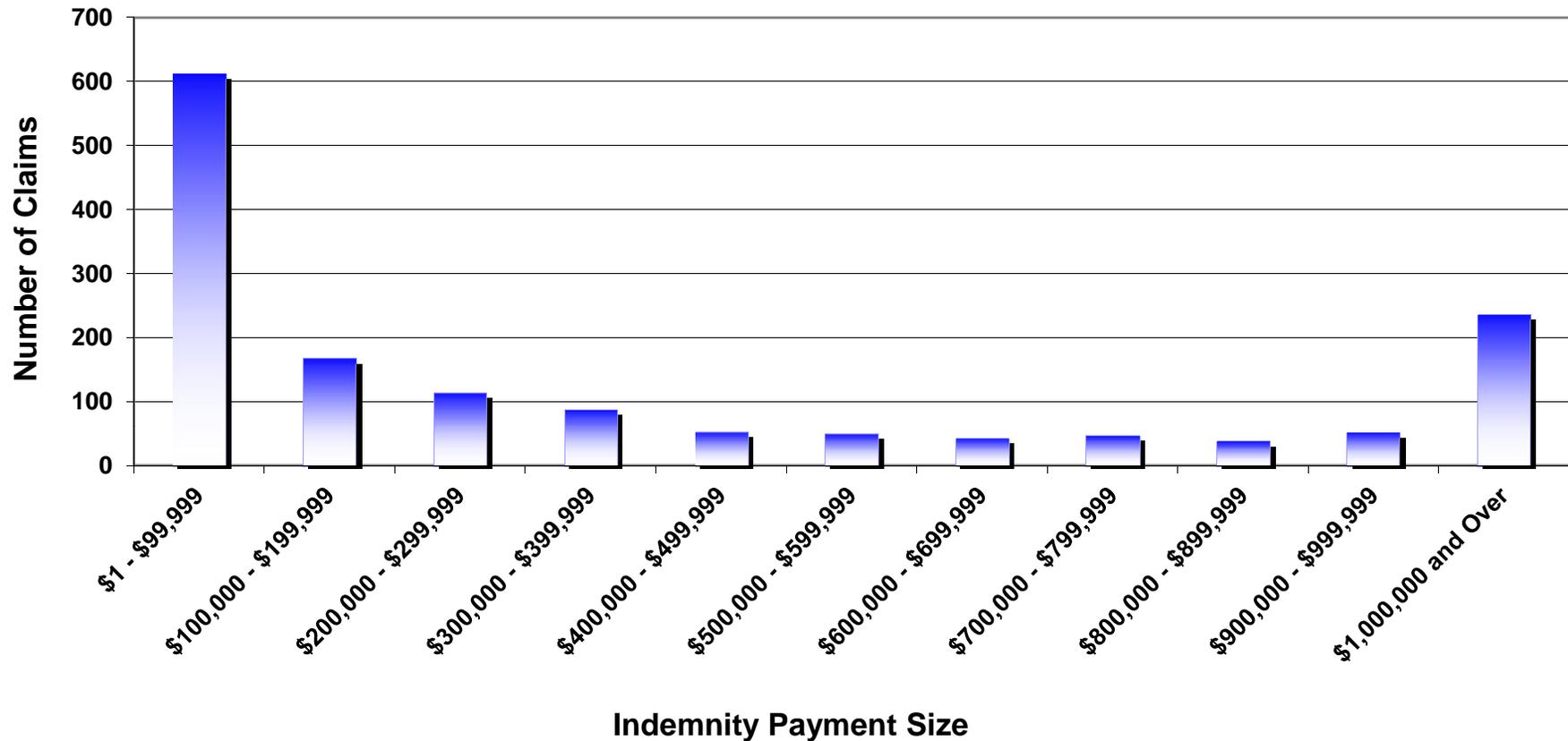
# Connecticut Department of Insurance

## Average Indemnity Payment by Indemnity Payment Size 2008 - 2012 Aggregate



# Connecticut Department of Insurance

## Number of Claims by Indemnity Payment Size 2008 - 2012 Aggregate



# **Connecticut Department of Insurance**

## **Defense Counsel Payments by Indemnity Payment**

### **All Insurers**

**2008 - 2012 Aggregate**

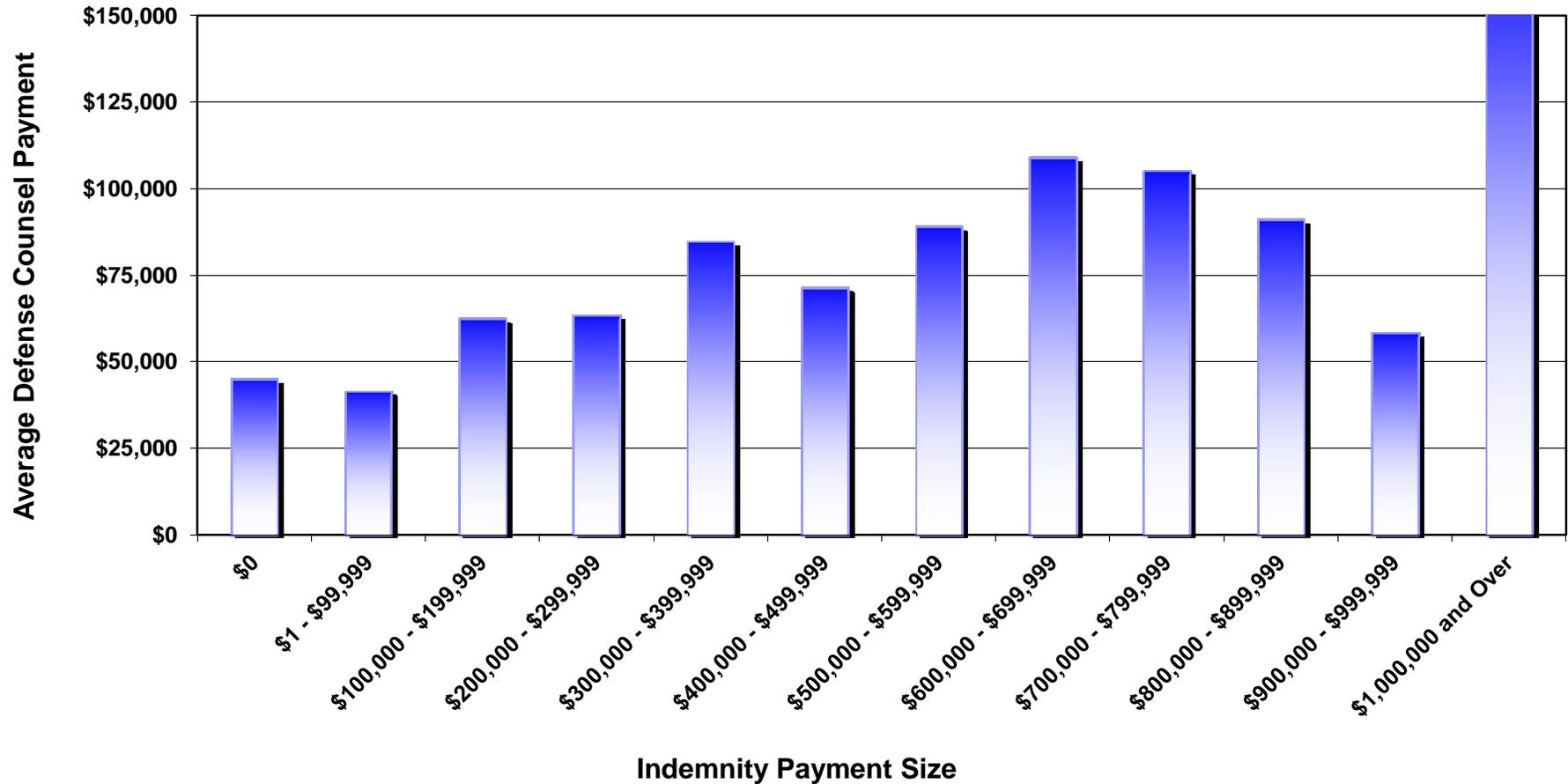
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$0	1729	1098	\$49,394,926	\$44,986	33.8%
\$1 - \$99,999	612	348	\$14,405,572	\$41,395	9.9%
\$100,000 - \$199,999	167	144	\$8,977,932	\$62,347	6.1%
\$200,000 - \$299,999	113	102	\$6,460,230	\$63,336	4.4%
\$300,000 - \$399,999	87	81	\$6,872,690	\$84,848	4.7%
\$400,000 - \$499,999	52	47	\$3,347,198	\$71,217	2.3%
\$500,000 - \$599,999	49	47	\$4,176,731	\$88,867	2.9%
\$600,000 - \$699,999	42	41	\$4,467,269	\$108,958	3.1%
\$700,000 - \$799,999	46	43	\$4,514,793	\$104,995	3.1%
\$800,000 - \$899,999	37	35	\$3,192,202	\$91,206	2.2%
\$900,000 - \$999,999	51	47	\$2,739,717	\$58,292	1.9%
\$1,000,000 and Over	236	221	\$37,550,269	\$169,911	25.7%
<b>Total</b>	<b>3221</b>	<b>2254</b>	<b>\$146,099,529</b>	<b>\$64,818</b>	<b>100.0%</b>

(5)=(4)/(3)

(6)=(4) for each range/(4) total

# Connecticut Department of Insurance

## Average Payment to Defense Counsel by Indemnity Payment Size 2008 - 2012 Aggregate



**Connecticut Department of Insurance**  
**Length of Claims from Report Date to Closure Date**  
**All Claims from All Insurers**

2008 - 2012 Aggregate

<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	429	13.3%	129	8.6%	104	4.6%
6 - 12 Months	332	10.3%	122	8.2%	145	6.4%
12 - 18 Months	263	8.2%	96	6.4%	151	6.7%
18 - 24 Months	289	9.0%	127	8.5%	191	8.5%
24 - 36 Months	572	17.8%	275	18.4%	449	19.9%
36 - 60 Months	904	28.1%	505	33.8%	814	36.1%
60 - 90 Months	376	11.7%	206	13.8%	347	15.4%
90 - 120 Months	47	1.5%	24	1.6%	44	2.0%
120 Months and Over	9	0.3%	8	0.5%	9	0.4%
<b>Total</b>	<b>3221</b>	<b>100.0%</b>	<b>1492</b>	<b>100.0%</b>	<b>2254</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>2.96 YEARS</b>		<b>3.35 YEARS</b>		<b>3.55 YEARS</b>	

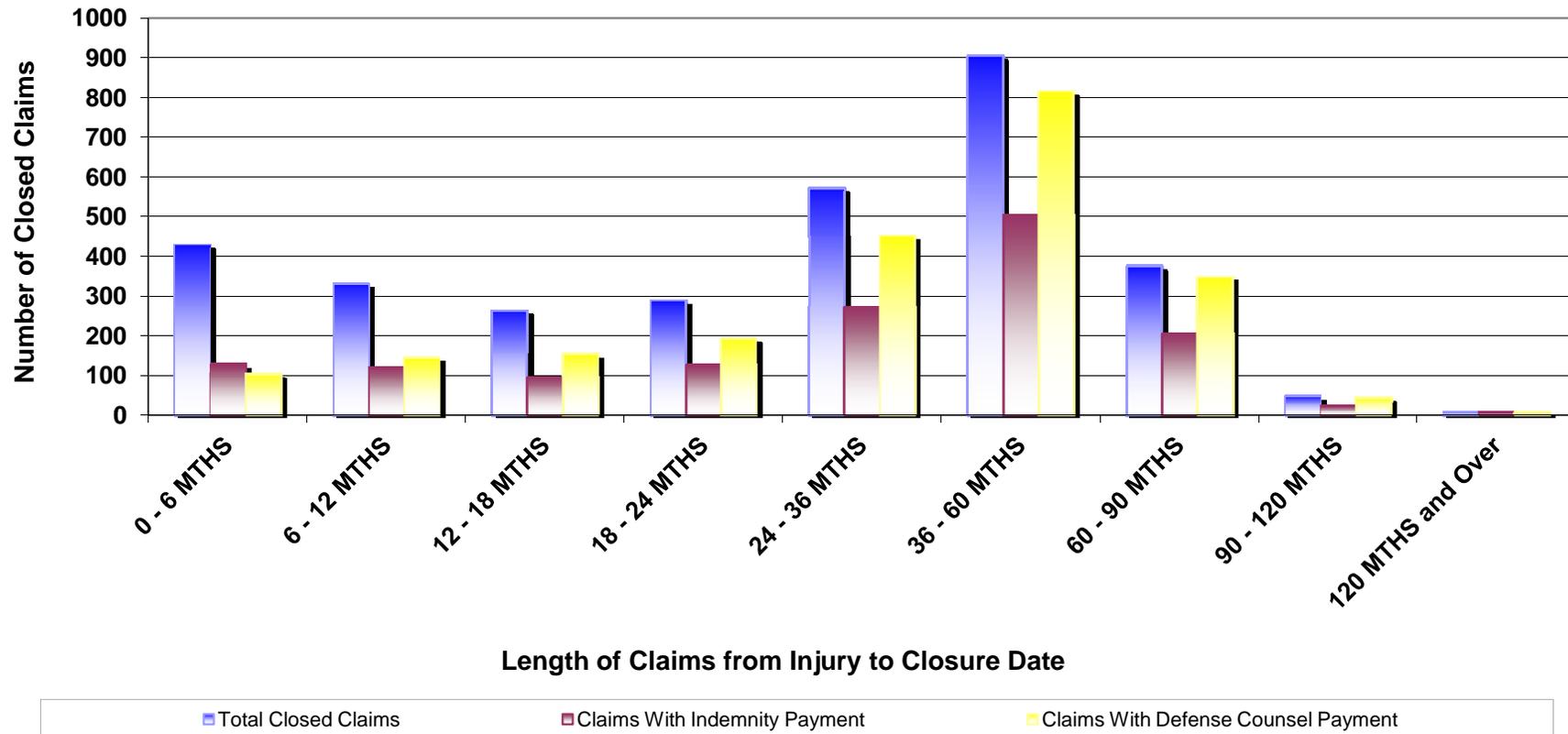
*(3)=(2) for each range/(2) total*

*(5)=(4) for each range/(4) total*

*(7)=(6) for each range/(6) total*

# Connecticut Department of Insurance

## Length of Claims From Injury to Closure Date 2008 - 2012 Aggregate



**Connecticut Department of Insurance**  
**Length of Claims from Report Date to Closure Date**  
**Claims with Indemnity Payments - From All Insurers**

2008 - 2012 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	429	129	30.1%	\$8,063,130	1.0%	\$62,505
6 - 12 Months	332	122	36.7%	\$17,627,810	2.1%	\$144,490
12 - 18 Months	263	96	36.5%	\$26,989,274	3.2%	\$281,138
18 - 24 Months	289	127	43.9%	\$46,414,000	5.5%	\$365,465
24 - 36 Months	572	275	48.1%	\$136,760,307	16.3%	\$497,310
36 - 60 Months	904	505	55.9%	\$340,780,235	40.7%	\$674,812
60 - 90 Months	376	206	54.8%	\$194,253,335	23.2%	\$942,977
90 - 120 Months	47	24	51.1%	\$43,650,000	5.2%	\$1,818,750
120 Months and Over	9	8	88.9%	\$21,960,695	2.6%	\$2,745,087
<b>Total</b>	<b>3221</b>	<b>1492</b>	<b>46.3%</b>	<b>\$836,498,786</b>	<b>100.0%</b>	<b>\$560,656</b>

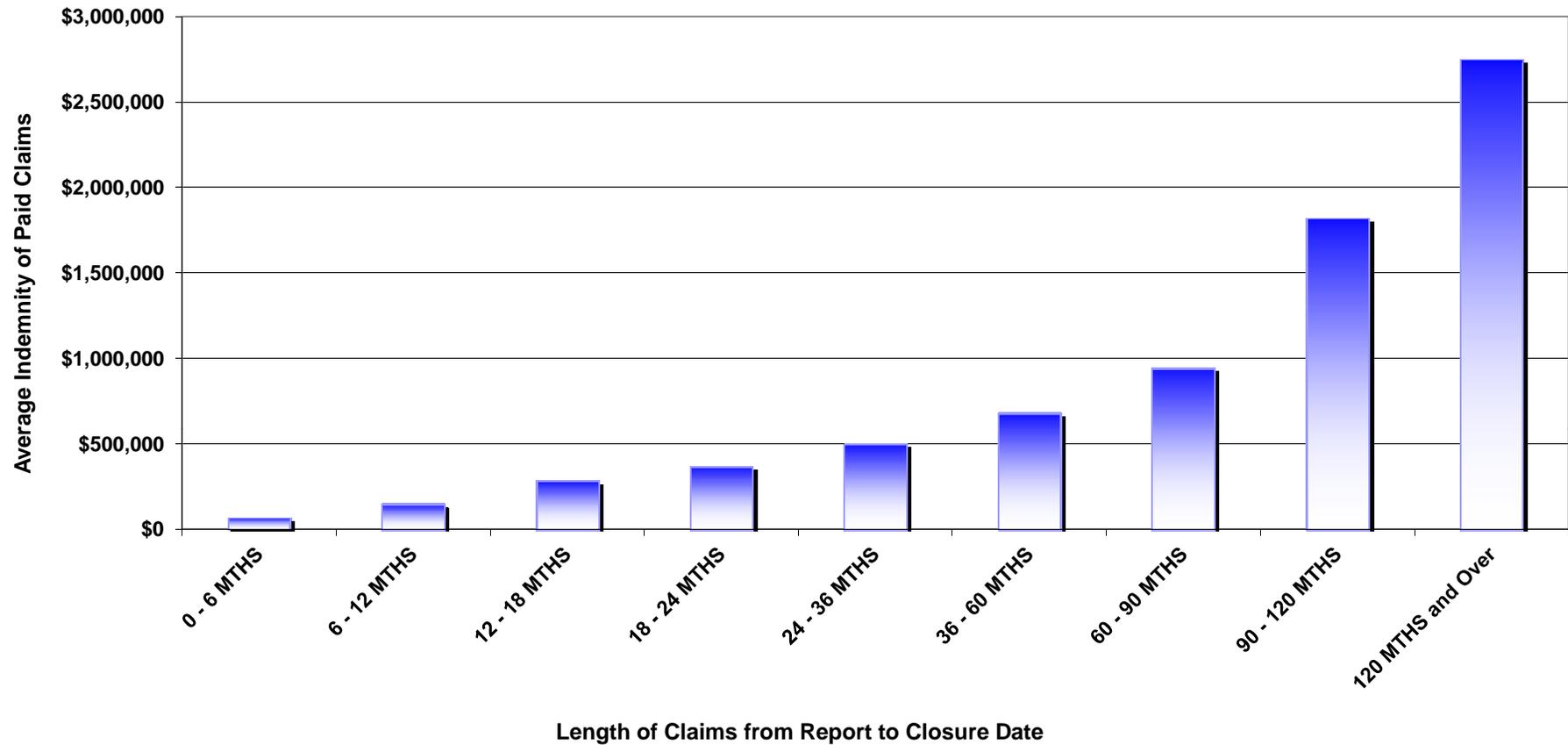
*(4)=(3)/(2)*

*(6)=(5) for each range/(5) total*

*(7)=(5)/(3)*

# Connecticut Department of Insurance

Length of Claims From Report to Closure Date  
Average Indemnity of Paid Claims  
2008 - 2012 Aggregate



**Connecticut Department of Insurance**  
**Length of Claims from Report Date to Closure Date**  
**Claims with Defense Counsel Payments - From All Insurers**

2008 - 2012 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	429	104	24.2%	\$488,196	0.3%	\$4,694
6 - 12 Months	332	145	43.7%	\$1,596,226	1.1%	\$11,008
12 - 18 Months	263	151	57.4%	\$1,917,030	1.3%	\$12,696
18 - 24 Months	289	191	66.1%	\$3,572,099	2.4%	\$18,702
24 - 36 Months	572	449	78.5%	\$18,834,637	12.9%	\$41,948
36 - 60 Months	904	814	90.0%	\$64,727,726	44.3%	\$79,518
60 - 90 Months	376	347	92.3%	\$43,150,432	29.5%	\$124,353
90 - 120 Months	47	44	93.6%	\$8,619,256	5.9%	\$195,892
120 Months and Over	9	9	100.0%	\$3,193,927	2.2%	\$354,881
<b>Total</b>	<b>3221</b>	<b>2254</b>	<b>70.0%</b>	<b>\$146,099,529</b>	<b>100.0%</b>	<b>\$64,818</b>

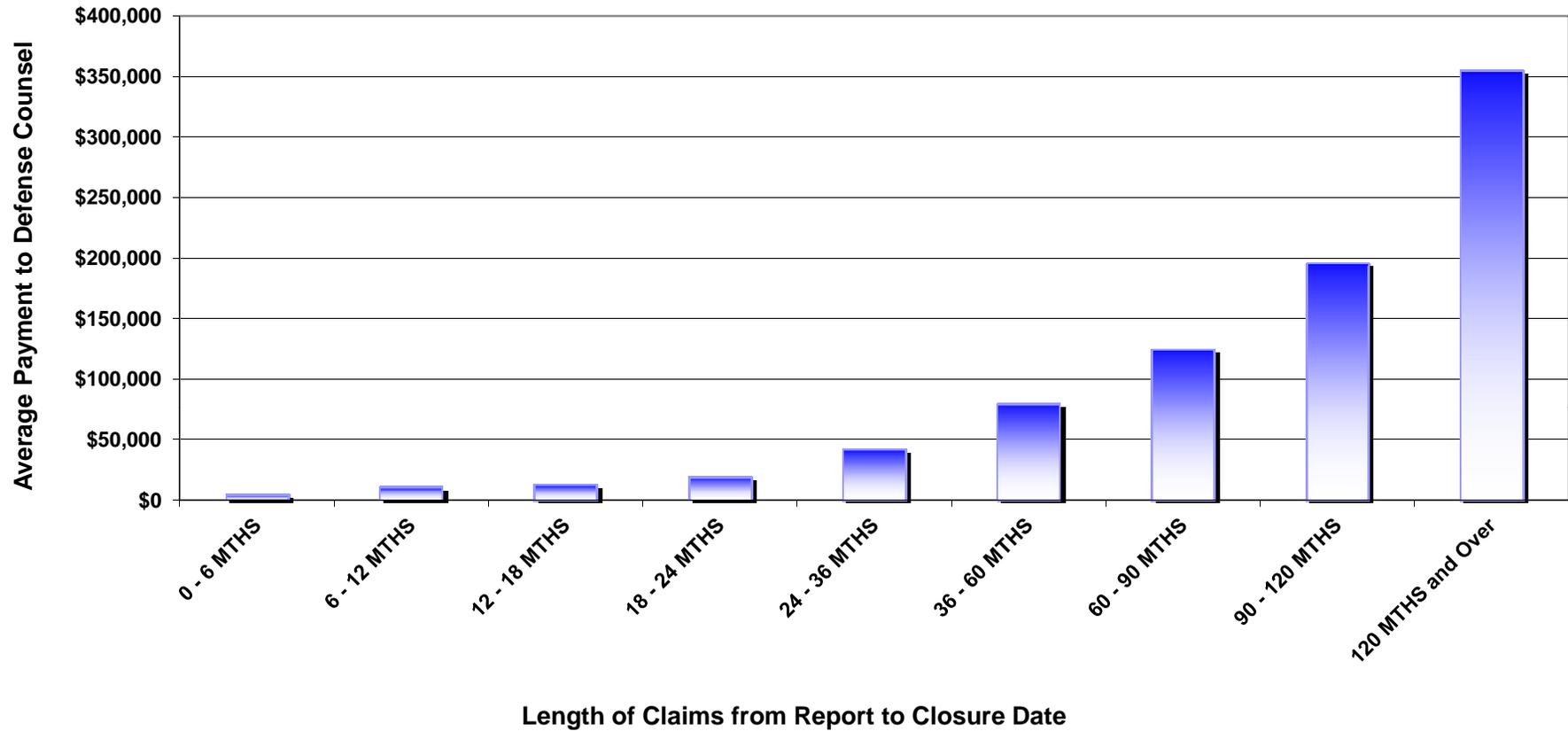
*(4)=(3)/(2)*

*(6)=(5) for each range/(5) total*

*(7)=(5)/(3)*

# Connecticut Department of Insurance

Length of Claims From Report to Closure Date  
Average Payment to Defense Counsel  
2008 - 2012 Aggregate



**Connecticut Department of Insurance**  
**Length of Claims from Injury Date to Report Date**  
**All Claims - From All Insurers**

2008 - 2012 Aggregate

<i>Injury Date to Report Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	1049	32.6%	586	39.3%
6 - 12 Months	383	11.9%	150	10.1%
12 - 18 Months	306	9.5%	131	8.8%
18 - 24 Months	460	14.3%	212	14.2%
24 - 36 Months	763	23.7%	307	20.6%
36 - 60 Months	169	5.2%	68	4.6%
60 - 90 Months	53	1.6%	23	1.5%
90 - 120 Months	17	0.5%	9	0.6%
120 Months and Over	21	0.7%	6	0.4%
<b>Total</b>	<b>3221</b>	<b>100.0%</b>	<b>1492</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>1.58 YEARS</b>		<b>1.41 YEARS</b>	

*(3)=(2) for each range/(2) total*

*(5)=(4) for each range/(4) total*

**Connecticut Department of Insurance**  
**Length of Claims from Injury Date to Closure Date**  
**All Claims - From All Insurers**

2008 - 2012 Aggregate

<i>Injury Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	92	2.9%	53	3.6%
6 - 12 Months	148	4.6%	73	4.9%
12 - 18 Months	185	5.7%	52	3.5%
18 - 24 Months	182	5.7%	88	5.9%
24 - 36 Months	559	17.4%	175	11.7%
36 - 60 Months	911	28.3%	466	31.2%
60 - 90 Months	843	26.2%	442	29.6%
90 - 120 Months	218	6.8%	105	7.0%
120 Months and Over	83	2.6%	38	2.5%
<b>Total</b>	<b>3221</b>	<b>100.0%</b>	<b>1492</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>4.56 YEARS</b>		<b>4.77 YEARS</b>	

*(3)=(2) for each range/(2) total*

*(5)=(4) for each range/(4) total*

# ***Connecticut Department of Insurance***

## **Indemnity Payments by Severity of Injury**

### **All Insurers**

**2008 - 2012 Aggregate**

<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
Emotional Only	53	3.6%	\$3,816,938	\$72,018	0.5%
Insignificant Temporary	69	4.6%	\$1,510,994	\$21,898	0.2%
Minor Temporary	251	16.8%	\$11,957,078	\$47,638	1.4%
Major Temporary	151	10.1%	\$31,450,435	\$208,281	3.8%
Minor Permanent	224	15.0%	\$47,120,872	\$210,361	5.6%
Significant Permanent	143	9.6%	\$99,364,501	\$694,857	11.9%
Major Permanent	161	10.8%	\$212,283,255	\$1,318,530	25.4%
Grave Permanent	30	2.0%	\$80,703,769	\$2,690,126	9.6%
Death	410	27.5%	\$348,290,944	\$849,490	41.6%
<b>Total</b>	<b>1492</b>	<b>100.0%</b>	<b>\$836,498,786</b>	<b>\$560,656</b>	<b>100.0%</b>

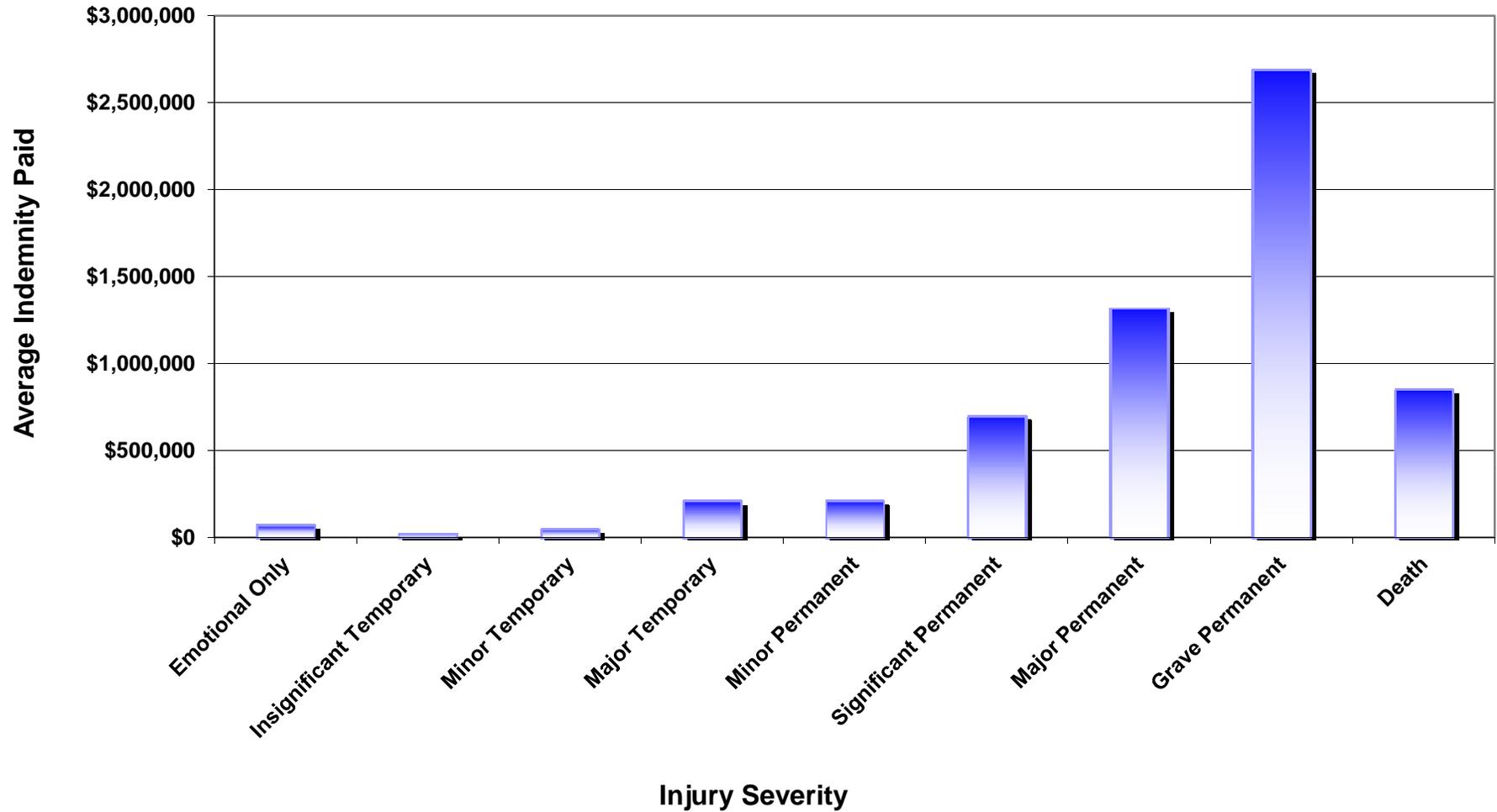
*(3)=(2) for each category/(2) total*

*(5)=(4)/(2)*

*(6)=(4) for each category/(4) total*

# Connecticut Department of Insurance

## Average Indemnity Paid by Severity of Injury 2008 - 2012 Aggregate



***Connecticut Department of Insurance***  
**Defense Counsel Payments by Severity of Injury**  
**Claims with Indemnity Payments**  
**All Insurers**

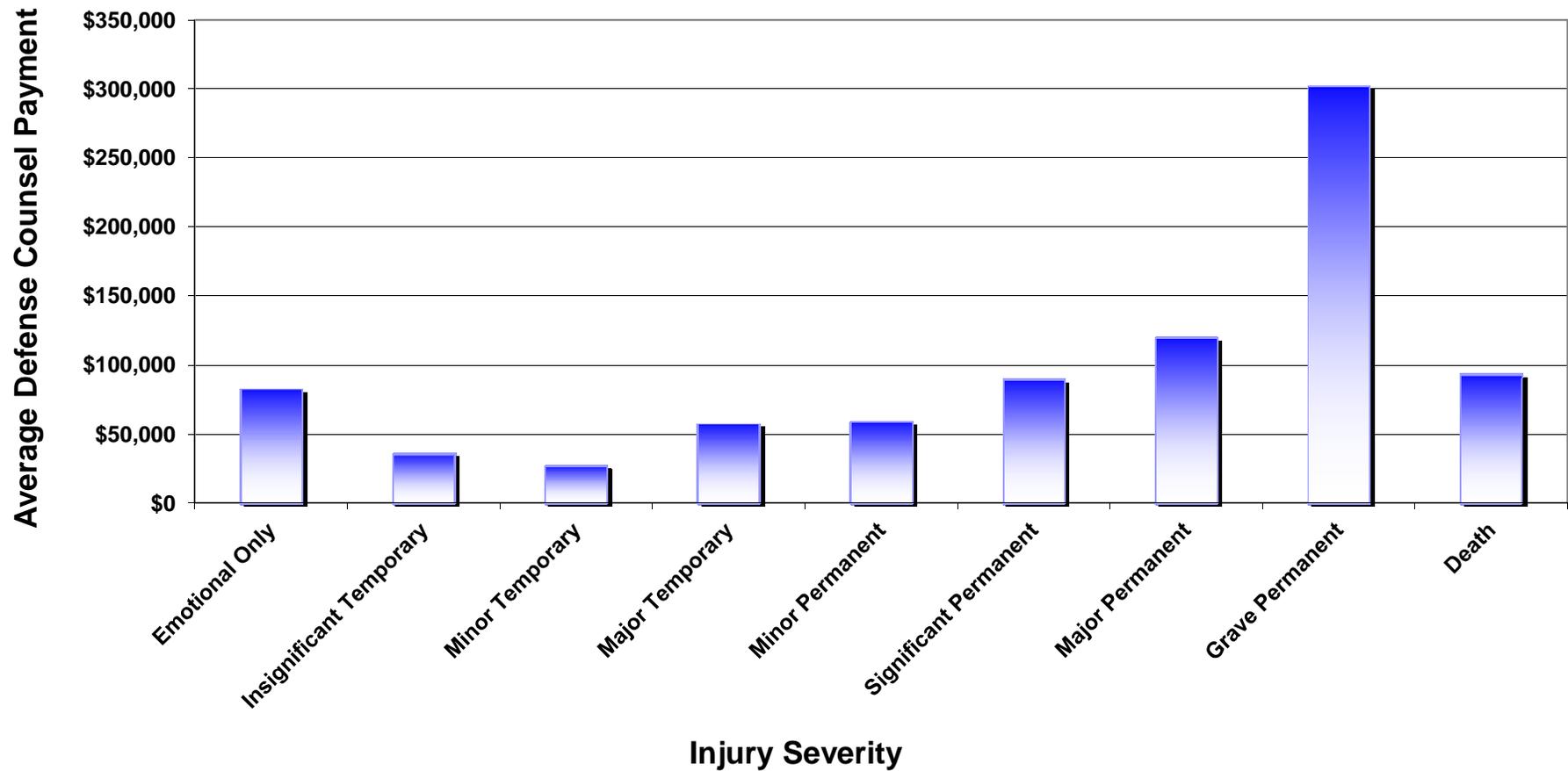
2008 - 2012 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Number of Claims with Indemnity and Defense Counsel Payments</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	53	40	\$3,294,228	\$82,356
Insignificant Temporary	69	31	\$1,113,406	\$35,916
Minor Temporary	251	118	\$3,188,495	\$27,021
Major Temporary	151	104	\$5,969,417	\$57,398
Minor Permanent	224	182	\$10,742,674	\$59,026
Significant Permanent	143	133	\$11,951,279	\$89,859
Major Permanent	161	148	\$17,763,721	\$120,025
Grave Permanent	30	26	\$7,854,232	\$302,086
Death	410	374	\$34,827,150	\$93,121
<b>Total</b>	<b>1492</b>	<b>1156</b>	<b>\$96,704,602</b>	<b>\$83,655</b>

*(5)=(4)/(3)*

# Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury  
Claims with Indemnity Payment  
2008 - 2012 Aggregate



**Connecticut Department of Insurance**  
**Defense Counsel Payments by Severity of Injury**  
**Claims without Indemnity Payments**  
**All Insurers**

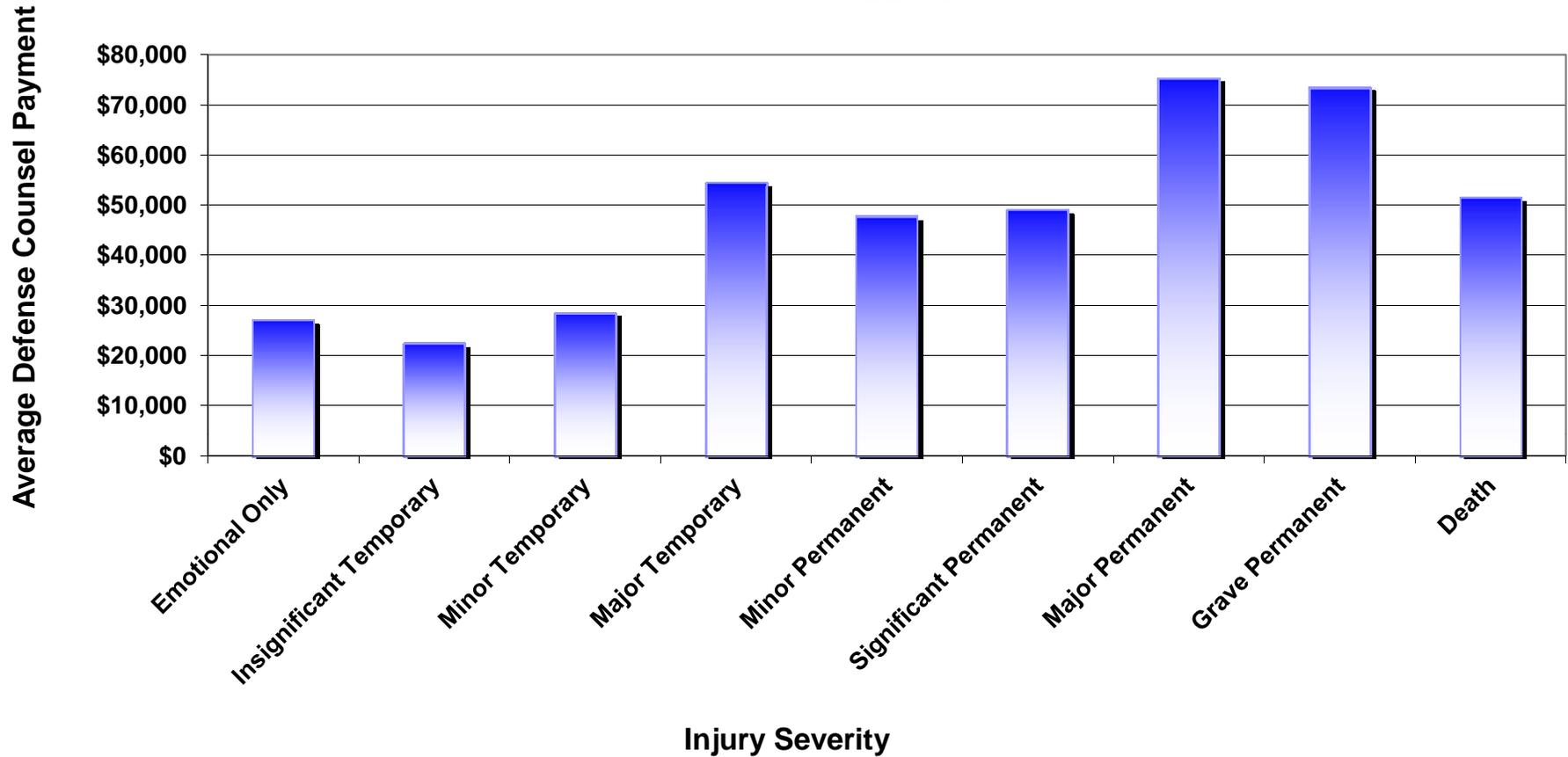
2008 - 2012 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims without Indemnity Payments</i>	<i>Number of Claims with Payment to Defense Counsel only</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	133	85	\$2,297,890	\$27,034
Insignificant Temporary	186	94	\$2,099,694	\$22,337
Minor Temporary	413	178	\$5,066,428	\$28,463
Major Temporary	157	98	\$5,340,029	\$54,490
Minor Permanent	209	144	\$6,863,083	\$47,660
Significant Permanent	175	139	\$6,807,983	\$48,978
Major Permanent	110	90	\$6,779,087	\$75,323
Grave Permanent	20	11	\$808,161	\$73,469
Death	326	259	\$13,332,572	\$51,477
<b>Total</b>	<b>1729</b>	<b>1098</b>	<b>\$49,394,927</b>	<b>\$44,986</b>

(5)=(4)/(3)

# Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury  
Claims Without Indemnity Payment  
2008 - 2012 Aggregate



# ***Connecticut Department of Insurance***

## **Indemnity Payments by Type of Medical Provider Specialty**

### **All Insurers**

**2008 - 2012 Aggregate**

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	26	\$22,357,273	\$859,895	2.67%
APRN/RN	23	\$12,775,000	\$555,435	1.53%
Chiropractor	14	\$2,299,765	\$164,269	0.27%
Dentist	107	\$8,574,456	\$80,135	1.03%
Emergency Services/Call Center/Ambulance Service	23	\$14,990,646	\$651,767	1.79%
Freestanding Surgical Center/Rehab Hospital	12	\$2,466,381	\$205,532	0.29%
Gynecology/OB-GYN	71	\$75,835,719	\$1,068,109	9.07%
Hospital - General	661	\$416,738,962	\$630,467	49.82%
Hospital - Others	42	\$28,870,513	\$687,393	3.45%
Medical Group/Other Corporate Group Practice	51	\$22,251,383	\$436,302	2.66%
Orthopedics	48	\$21,402,253	\$445,880	2.56%
Physician - Family/Pediatric/General Practice	20	\$6,319,635	\$315,982	0.76%
Physicians - Others	311	\$164,754,446	\$529,757	19.70%
Physicians Assistant	7	\$3,650,000	\$521,429	0.44%
Psychiatry	12	\$3,170,000	\$264,167	0.38%
Radiology/Imaging Center	45	\$21,176,913	\$470,598	2.53%
Other	19	\$8,865,441	\$466,602	1.06%
<b>Total</b>	<b>1492</b>	<b>\$836,498,786</b>	<b>\$560,656</b>	<b>100.0%</b>

*(4)=(3)/(2)*

*(5)=(3) for each category/(3) total*

**Monday, May 06, 2013**

**Report 8 - Part 1**

# ***Connecticut Department of Insurance***

## **Indemnity Payments by Type of Medical Provider Specialty**

### **Commercial Insurers**

#### **2008 - 2012 Aggregate for Claim Data**

<i>Medical Provider Specialty</i>	<i>Base Premium in</i>	<i>Number of Medical Providers in 2012</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
Anesthesiology	\$338,803	326	17	\$18,191,913	\$1,070,113	5.58%
APRN/RN	\$6,914,622	15001	12	\$6,554,250	\$546,188	2.01%
Chiropractor	\$1,431,211	1879	9	\$2,251,000	\$250,111	0.69%
Dentist	\$4,218,781	2599	106	\$8,568,456	\$80,834	2.63%
Emergency Services/Call Center/Ambulance Service	\$626,454	33	10	\$3,633,866	\$363,387	1.12%
Freestanding Surgical Center/Rehab Hospital	\$2,457,076	421	8	\$540,881	\$67,610	0.17%
Gynecology/OB-GYN	\$8,801,818	146	35	\$53,182,371	\$1,519,496	16.32%
Hospital - General	\$8,326,763	32	30	\$26,016,183	\$867,206	7.99%
Hospital - Others	\$884,828	538	9	\$12,715,758	\$1,412,862	3.90%
Medical Group/Other Corporate Group Practice	\$2,051,230	633	32	\$10,532,883	\$329,153	3.23%
Orthopedics	\$2,007,277	228	39	\$18,249,879	\$467,946	5.60%
Physician - Family/Pediatric/General Practice	\$3,859,614	318	17	\$5,519,635	\$324,684	1.69%
Physicians - Others	\$27,412,116	2631	234	\$127,233,089	\$543,731	39.05%
Physicians Assistant	\$272,375	149	7	\$3,650,000	\$521,429	1.12%
Psychiatry	\$1,683,796	2888	10	\$2,765,000	\$276,500	0.85%
Radiology/Imaging Center	\$4,603,150	256	33	\$17,327,272	\$525,069	5.32%
Other	\$2,806,061	2046	19	\$8,865,441	\$466,602	2.72%
<b>Total</b>	<b>\$78,695,975</b>	<b>30,124</b>	<b>627</b>	<b>\$325,797,877</b>	<b>\$519,614</b>	<b>100.0%</b>

*(6)=(5)/(4)*

*(7)=(5) for each category/(5) total*

# ***Connecticut Department of Insurance***

## **Indemnity Payments by Type of Medical Provider Specialty**

### **Captives & Self Insurers**

**2008 - 2012 Aggregate**

<b><i>Medical Provider Specialty</i></b>	<b><i>Number of Claims with Indemnity Payments</i></b>	<b><i>Total Indemnity Payments</i></b>	<b><i>Average Indemnity of Paid Claims</i></b>	<b><i>Percent of Indemnity Payment</i></b>
<b><i>(1)</i></b>	<b><i>(2)</i></b>	<b><i>(3)</i></b>	<b><i>(4)</i></b>	<b><i>(5)</i></b>
Anesthesiology	9	\$4,165,360	\$462,818	0.82%
APRN/RN	11	\$6,220,750	\$565,523	1.22%
Chiropractor	5	\$48,765	\$9,753	0.01%
Dentist	1	\$6,000	\$6,000	0.00%
Emergency Services/Call Center/Ambulance Service	13	\$11,356,780	\$873,598	2.22%
Freestanding Surgical Center/Rehab Hospital	4	\$1,925,500	\$481,375	0.38%
Gynecology/OB-GYN	36	\$22,653,348	\$629,260	4.44%
Hospital - General	631	\$390,722,779	\$619,212	76.51%
Hospital - Others	33	\$16,154,755	\$489,538	3.16%
Medical Group/Other Corporate Group Practice	19	\$11,718,500	\$616,763	2.29%
Orthopedics	9	\$3,152,374	\$350,264	0.62%
Physician - Family/Pediatric/General Practice	3	\$800,000	\$266,667	0.16%
Physicians - Others	77	\$37,521,357	\$487,290	7.35%
Psychiatry	2	\$405,000	\$202,500	0.08%
Radiology/Imaging Center	12	\$3,849,641	\$320,803	0.75%
<b>Total</b>	<b>865</b>	<b>\$510,700,909</b>	<b>\$590,406</b>	<b>100.0%</b>

*(4)=(3)/(2)*

*(5)=(3) for each category/(3) total*

**Monday, May 06, 2013**

**Report 8 - Part 3**

# Connecticut Department of Insurance

## Disposition of Claims For All Insurers

2008 - 2012 Aggregate

<i>Disposition</i>	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i>	<i>Average paid</i>	
	<i>Number</i>	<i>Percent</i>	<i>Incident to Report</i>	<i>Incident to Disposition</i>		<i>Indemnity</i>	<i>ALAE</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
<b>In Favor of Plaintiff</b>							
Claims Settled Before Litigation	339	22.7%	9	21	4	\$129,018	\$5,523
Claims Settled Before Trial	1067	71.5%	19	63	6	\$637,108	\$92,374
Claims Settled During Trial	14	0.9%	16	73	6	\$625,481	\$197,526
Claims Settled After Trial	33	2.2%	22	83	7	\$1,334,853	\$193,752
<b>Total Settled</b>	<b>1453</b>	<b>97.4%</b>	<b>16</b>	<b>54</b>	<b>6</b>	<b>\$534,300</b>	<b>\$75,427</b>
Judgement for Plaintiff	35	2.3%	24	79	7	\$1,181,826	\$252,716
Judgement for Plaintiff On Appeal	4	0.3%	13	88	6	\$4,699,219	\$504,941
<b>Total Court Dispositions</b>	<b>39</b>	<b>2.6%</b>	<b>23</b>	<b>80</b>	<b>6</b>	<b>\$1,542,584</b>	<b>\$278,585</b>
<b>Total</b>	<b>1492</b>	<b>100.0%</b>	<b>16</b>	<b>54</b>	<b>6</b>	<b>\$560,656</b>	<b>\$80,737</b>
<b>In Favor of Defendant</b>							
Claims Closed Before Litigation	580	33.5%	13	28	3		\$2,439
Claims Closed Before Trial	833	48.2%	24	59	5		\$35,800
Claims Closed During Trial	38	2.2%	28	64	6		\$70,735
Claims Closed After Trial	105	6.1%	23	62	6		\$62,390
<b>Total Settled</b>	<b>1556</b>	<b>90.0%</b>	<b>20</b>	<b>48</b>	<b>5</b>		<b>\$26,012</b>
Judgement for Defendant	142	8.2%	20	66	6		\$134,106
Judgement for Defendant On Appeal	31	1.8%	28	85	6		\$99,022
<b>Total Court Dispositions</b>	<b>173</b>	<b>10.0%</b>	<b>21</b>	<b>69</b>	<b>6</b>		<b>\$127,820</b>
<b>Total</b>	<b>1729</b>	<b>100.0%</b>	<b>20</b>	<b>50</b>	<b>5</b>		<b>\$36,199</b>

(3)=(2) for each category/(2) total

(6) - average severity ratings range from 1 to 9, with 9 the most serious

# Connecticut Department of Insurance

## Reserves

### All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	666	\$78,429,488	\$117,762	\$267,852,839	\$402,181	\$242,018,776	\$363,392
2009	613	\$68,128,705	\$111,140	\$242,155,227	\$395,033	\$206,897,822	\$337,517
2010	692	\$63,900,259	\$92,341	\$215,253,033	\$311,059	\$200,931,211	\$290,363
2011	700	\$70,807,551	\$101,154	\$186,430,157	\$266,329	\$177,847,663	\$254,068
2012	550	\$55,865,279	\$101,573	\$170,786,198	\$310,520	\$191,850,935	\$348,820
<b>Total</b>	<b>3221</b>	<b>\$337,131,282</b>	<b>\$104,667</b>	<b>\$1,082,477,454</b>	<b>\$336,069</b>	<b>\$1,019,546,407</b>	<b>\$316,531</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

# **Connecticut Department of Insurance**

## **Reserves**

### **Commercial Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	349	\$41,808,115	\$119,794	\$120,202,751	\$344,420	\$108,992,485	\$312,299
2009	318	\$29,571,317	\$92,992	\$97,645,338	\$307,061	\$75,083,282	\$236,111
2010	377	\$34,480,906	\$91,461	\$93,610,693	\$248,304	\$77,202,714	\$204,782
2011	375	\$31,686,658	\$84,498	\$71,869,015	\$191,651	\$64,029,098	\$170,744
2012	310	\$26,620,810	\$85,874	\$71,812,800	\$231,654	\$81,712,957	\$263,590
<b>Total</b>	<b>1729</b>	<b>\$164,167,806</b>	<b>\$94,950</b>	<b>\$455,140,597</b>	<b>\$263,239</b>	<b>\$407,020,536</b>	<b>\$235,408</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

# **Connecticut Department of Insurance**

## **Reserves**

### **Captives and Self Insurers**

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2008	317	\$36,621,373	\$115,525	\$147,650,088	\$465,773	\$133,026,291	\$419,641
2009	295	\$38,557,388	\$130,703	\$144,509,889	\$489,864	\$131,814,540	\$446,829
2010	315	\$29,419,353	\$93,395	\$121,642,340	\$386,166	\$123,728,497	\$392,789
2011	325	\$39,120,893	\$120,372	\$114,561,142	\$352,496	\$113,818,565	\$350,211
2012	240	\$29,244,469	\$121,852	\$98,973,398	\$412,389	\$110,137,978	\$458,908
<b>Total</b>	<b>1492</b>	<b>\$172,963,476</b>	<b>\$115,927</b>	<b>\$627,336,857</b>	<b>\$420,467</b>	<b>\$612,525,871</b>	<b>\$410,540</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

# ***Connecticut Department of Insurance***

## **Yearly Information Report**

### **All Insurers**

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2008	174	\$112,613,041	\$28,455,980	\$84,084,821
2009	188	\$73,081,334	\$16,202,325	\$56,879,009
2010	178	\$90,623,895	\$32,648,180	\$57,975,715
2011	170	\$68,312,728	\$19,889,849	\$48,422,879
2012	105	\$75,580,039	\$31,177,644	\$44,402,395
<b>Total</b>	<b>815</b>	<b>\$420,211,037</b>	<b>\$128,373,978</b>	<b>\$291,764,819</b>

*(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages*

# ***Connecticut Department of Insurance***

## **Yearly Information Report**

### **Commercial Insurers**

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2008	83	\$65,117,421	\$12,866,558	\$52,178,623
2009	96	\$39,678,375	\$13,227,651	\$26,450,724
2010	89	\$47,239,881	\$17,167,513	\$30,072,368
2011	78	\$32,236,868	\$7,620,668	\$24,616,200
2012	61	\$45,501,917	\$19,628,773	\$25,873,144
<b>Total</b>	<b>407</b>	<b>\$229,774,462</b>	<b>\$70,511,163</b>	<b>\$159,191,059</b>

*(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages*

# ***Connecticut Department of Insurance***

## **Yearly Information Report**

### **Captives and Self Insurers**

<i>Year</i>	<i>Number of Closed Claims</i> <i>(1)</i>	<i>Total Indemnity Payments</i> <i>(2)</i>	<i>Economic Damages</i> <i>(3)</i>	<i>Non-Economic Damages</i> <i>(4)</i>
2008	91	\$47,495,620	\$15,589,422	\$31,906,198
2009	92	\$33,402,959	\$2,974,674	\$30,428,285
2010	89	\$43,384,014	\$15,480,667	\$27,903,347
2011	92	\$36,075,860	\$12,269,181	\$23,806,679
2012	44	\$30,078,122	\$11,548,871	\$18,529,251
<b>Total</b>	<b>408</b>	<b>\$190,436,575</b>	<b>\$57,862,815</b>	<b>\$132,573,760</b>

*(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages*

**Connecticut Medical Malpractice Annual Report – 2013  
(Business of 2012)**

**Appendix 2**

**Calendar Year Premium and Losses  
From 2008 to 2012**

# Connecticut Department of Insurance

## Yearly Information Report - All Insurers

(3) and (4) include all ALAE

(4) does not include Incurred but not Reported (IBNR) reserves

<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
<b>2008</b>			
Commercial Insurers	\$133,552,209	\$106,600,335	\$79,073,318
Captives	\$170,661,416	\$188,914,211	\$186,343,097
Self Insurers	\$35,916,119	\$20,446,873	\$36,061,111
<b>Totals</b>	<b>\$340,129,744</b>	<b>\$315,961,419</b>	<b>\$301,477,526</b>
<b>2009</b>			
Commercial Insurers	\$124,570,314	\$76,150,750	\$68,061,425
Captives	\$185,896,655	\$102,212,864	\$147,535,382
Self Insurers	\$47,554,582	\$15,978,104	\$15,384,247
<b>Totals</b>	<b>\$358,021,551</b>	<b>\$194,341,718</b>	<b>\$230,981,054</b>
<b>2010</b>			
Commercial Insurers	\$118,190,539	\$60,401,968	\$65,199,799
Captives	\$149,396,840	\$88,515,195	\$159,256,031
Self Insurers	\$21,397,208	\$17,962,977	\$10,894,052
<b>Totals</b>	<b>\$288,984,587</b>	<b>\$166,880,140</b>	<b>\$235,349,882</b>
<b>2011</b>			
Commercial Insurers	\$109,207,098	\$62,475,123	\$64,862,247
Captives	\$96,583,737	\$62,012,481	\$70,064,347
Self Insurers	\$9,721,636	\$6,993,215	\$6,581,027
<b>Totals</b>	<b>\$215,512,471</b>	<b>\$131,480,819</b>	<b>\$141,507,621</b>
<b>2012</b>			
Commercial Insurers	\$102,235,277	\$100,080,945	\$130,412,108
Captives	\$83,963,927	\$45,240,088	\$61,057,453
Self Insurers	\$8,504,392	\$9,414,762	\$5,669,080
<b>Totals</b>	<b>\$194,703,596</b>	<b>\$154,735,795</b>	<b>\$197,138,641</b>

**Connecticut Medical Malpractice Annual Report – 2013  
(Business of 2012)**

**Appendix 3**

**Insurance Industry Financial Data**

**Medical Malpractice**  
**Data from NAIC I-SITE P&C Summary by Line of Business**  
**Total Connecticut Medical Malpractice Market**  
**(Including Excess and Surplus Lines Companies and Risk Retention Groups)**

Year	Premium Written	Direct Losses Paid	Defense & Cost Containment			Commission and Brokerage		Taxes and Fees
			Premium Earned	Direct Losses Incurred	Expenses Incurred	Dividends	Expense	
2003	\$225,338,363	\$146,144,629	\$211,487,853	\$147,817,730	32,149,585	\$118,651	\$12,065,957	\$4,211,801
2004	\$225,677,066	\$121,984,350	\$221,117,278	\$125,938,599	32,199,115	\$90,253	\$12,206,430	\$5,634,756
2005	\$246,228,681	\$159,021,753	\$229,590,170	\$184,177,257	45,409,315	\$113,153	\$13,173,602	\$5,341,091
2006	\$222,510,593	\$158,896,289	\$224,464,853	\$150,796,675	36,634,700	\$125,823	\$12,424,585	\$5,211,385
2007	\$214,716,085	\$132,509,436	\$217,533,314	\$205,503,250	31,810,332	\$162,344	\$12,176,027	\$4,856,024
2008	\$213,015,705	\$160,376,736	\$211,548,606	\$77,779,627	27,348,583	\$328,355	\$13,496,213	\$5,141,297
2009	\$205,887,206	\$115,546,502	\$207,188,884	\$81,839,952	\$22,547,098	\$128,361	\$12,153,011	\$5,067,269
2010	\$187,939,784	\$66,577,812	\$183,902,792	\$20,486,393	\$35,514,153	\$214,187	\$13,456,626	\$4,070,048
2011	\$171,700,809	\$94,144,801	\$171,151,556	\$61,919,462	\$22,501,066	\$283,223	\$12,793,838	\$4,203,788
2012	\$172,801,837	\$121,343,097	\$183,579,600	\$46,165,381	\$17,856,776	\$322,460	\$14,135,597	\$3,904,038

**Profitability - Total Connecticut Medical Malpractice Market**  
**(Including Excess and Surplus Lines Companies)**

Year	Data from the Connecticut State Page of the Financial Annual Statement			Figures reported in the NAIC Profitability Report*	
	Loss Ratio	Defense and Adjustment Costs	Other Underwriting Expenses	Underwriting Profit	Profit on Insurance Transactions
2003	69.9%	15.2%	7.8%	-4.4%	13.4%
2004	57.0%	14.6%	8.1%	10.0%	22.2%
2005	80.2%	19.8%	8.1%	-21.6%	1.8%
2006	67.2%	16.3%	7.9%	-6.1%	13.6%
2007	94.5%	14.6%	7.9%	-32.1%	-3.4%
2008	36.8%	12.9%	9.0%	28.1%	26.6%
2009	39.5%	10.9%	8.4%	24.2%	25.9%
2010	11.1%	19.3%	9.6%	47.4%	46.4%
2011	36.2%	13.1%	10.1%	23.4%	30.8%
2012	25.1%	9.7%	10.0%	N/A	N/A

\* National Association of Insurance Commissioners, Report on Profitability by Line by State  
annual volumes for latest ten years

**Medical Malpractice**  
**Data from NAIC I-SITE P&C Summary by Line of Business**  
**Licensed Companies in Connecticut Medical Malpractice Market**

<b>Year</b>	<b>Premium Written</b>	<b>Direct Losses Paid</b>	<b>Premium Earned</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Dividends</b>	<b>Commission and Brokerage Expense</b>	<b>Taxes and Fees</b>
2003	\$145,811,076	\$124,412,206	\$133,801,254	\$89,447,672	\$25,358,115	\$89,815	\$9,662,682	\$2,019,794
2004	\$142,253,757	\$95,141,353	\$137,856,539	\$62,876,139	\$24,593,405	\$90,253	\$9,295,362	\$3,316,909
2005	\$155,003,949	\$124,234,485	\$139,755,089	\$136,528,617	\$29,998,072	\$91,114	\$9,517,858	\$3,045,353
2006	\$141,517,805	\$110,579,655	\$138,556,070	\$82,579,837	\$22,485,021	\$116,678	\$9,026,596	\$2,988,358
2007	\$136,304,980	\$102,340,760	\$138,626,587	\$77,001,029	\$18,711,509	\$121,094	\$8,783,019	\$2,638,930
2008	\$127,186,309	\$91,508,513	\$126,733,484	\$58,231,375	\$17,293,530	\$273,483	\$8,564,244	\$2,634,577
2009	\$118,636,760	\$68,574,283	\$119,417,586	\$32,252,965	\$11,523,245	\$110,905	\$8,944,414	\$2,446,272
2010	\$111,162,780	\$45,214,396	\$107,602,899	-\$25,557,041	\$24,776,296	\$155,672	\$8,890,910	\$1,984,470
2011	\$104,227,438	\$44,780,366	\$102,941,143	\$35,954,052	\$6,768,159	\$155,657	\$8,353,622	\$2,287,440
2012	\$104,373,747	\$82,665,445	\$116,084,137	\$33,479,847	\$10,341,611	\$168,358	\$9,415,023	\$1,953,860

<b>% of Earned Premium</b>				
<b>Year</b>	<b>Direct Losses Paid</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Other Underwriting Expenses</b>
2003	93.0%	66.9%	19.0%	8.8%
2004	69.0%	45.6%	17.8%	9.2%
2005	88.9%	97.7%	21.5%	9.1%
2006	79.8%	59.6%	16.2%	8.8%
2007	73.8%	55.5%	13.5%	8.3%
2008	72.2%	45.9%	13.6%	9.1%
2009	57.4%	27.0%	9.6%	9.6%
2010	42.0%	-23.8%	23.0%	10.3%
2011	43.5%	34.9%	6.6%	10.5%
2012	71.2%	28.8%	8.9%	9.9%

**Medical Malpractice**  
**Data from NAIC I-SITE Line Report of State Page Exhibit**  
**Excess/Surplus Lines in Connecticut Medical Malpractice Market**

<b>Year</b>	<b>Premium Written</b>	<b>Losses Paid</b>	<b>Premium Earned</b>	<b>Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Dividends</b>	<b>Comssion and Brokerage Expense</b>	<b>Taxes and Fees</b>
2003	\$26,472,803	\$3,156,176	\$25,296,200	\$18,012,614	\$321,855	\$0	\$2,213,466	\$60,419
2004	\$30,958,196	\$685,253	\$31,062,193	\$20,583,862	\$496,643	\$0	\$2,655,036	\$192,741
2005	\$31,552,309	\$6,935,097	\$30,192,820	\$7,133,211	\$1,076,737	\$0	\$2,923,656	\$21,744
2006	\$25,909,996	\$10,136,295	\$30,880,271	\$9,802,776	\$1,011,542	\$0	\$2,774,046	\$31,738
2007	\$24,669,595	\$10,520,658	\$25,024,091	\$33,995,155	\$1,056,897	\$0	\$3,050,999	\$25,740
2008	\$26,344,811	\$9,527,851	\$25,421,354	-\$8,395,964	-\$241,409	\$0	\$4,717,441	\$65,346
2009	\$24,558,850	\$6,851,389	\$24,772,184	-\$193,689	\$1,934,504	\$0	\$2,972,581	\$56,217
2010	\$25,802,604	\$3,870,580	\$25,202,123	\$1,482,178	\$3,417,487	\$0	\$4,412,404	\$140,063
2011	\$22,906,173	\$10,949,829	\$23,744,608	\$13,258,266	\$3,769,983	\$0	\$4,195,923	\$88,573
2012	\$22,062,594	\$9,686,010	\$21,360,485	\$11,409,059	\$1,859,871	\$20,974	\$3,833,908	\$93,293

% of Earned Premium				
<b>Year</b>	<b>Direct Losses Paid</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Other Underwriting Expenses</b>
2003	12.5%	71.2%	1.3%	9.0%
2004	2.2%	66.3%	1.6%	9.2%
2005	23.0%	23.6%	3.6%	9.8%
2006	32.8%	31.7%	3.3%	9.1%
2007	42.0%	135.8%	4.2%	12.3%
2008	37.5%	-33.0%	-0.9%	18.8%
2009	27.7%	-0.8%	7.8%	12.2%
2010	15.4%	5.9%	13.6%	18.1%
2011	46.1%	55.8%	15.9%	18.0%
2012	45.3%	53.4%	8.7%	18.5%

**Medical Malpractice**  
**Data from NAIC I-SITE P&C Summary by Line of Business**  
**Risk Retention Groups in Connecticut Medical Malpractice Market**

Year	Premium Written	Direct Losses Paid	Defense & Cost Containment				Commission and Brokerage Expense	Taxes and Fees
			Premium Earned	Direct Losses Incurred	Expenses Incurred	Dividends		
2003	\$52,099,965	\$16,796,247	\$51,589,852	\$40,776,538	\$4,003,049	\$0	\$192,793	\$2,109,115
2004	\$52,465,113	\$26,157,744	\$52,196,636	\$42,503,573	\$4,969,287	\$0	\$256,032	\$2,125,106
2005	\$58,474,126	\$27,827,171	\$58,658,635	\$40,879,290	\$12,905,635	\$22,039	\$433,616	\$2,273,994
2006	\$53,925,316	\$38,178,304	\$53,823,549	\$58,301,534	\$11,932,387	\$9,145	\$439,875	\$2,144,990
2007	\$52,888,440	\$19,583,863	\$52,897,231	\$93,982,654	\$6,314,655	\$41,250	\$210,929	\$2,157,003
2008	\$59,484,585	\$59,340,372	\$59,393,768	\$27,944,216	\$10,296,462	\$54,872	\$214,528	\$2,441,374
2009	\$62,691,596	\$40,120,830	\$62,999,114	\$49,780,676	\$9,089,349	\$17,456	\$236,016	\$2,564,780
2010	\$50,974,400	\$17,492,836	\$51,097,770	\$44,561,256	\$7,320,370	\$58,515	\$153,312	\$1,945,515
2011	\$44,567,198	\$38,414,606	\$44,465,805	\$12,707,144	\$11,962,924	\$127,566	\$244,293	\$1,827,775
2012	\$46,365,496	\$28,991,642	\$46,134,978	\$1,276,475	\$5,655,294	\$133,128	\$886,666	\$1,856,885

% of Earned Premium				
Year	Direct Losses		Defense & Cost Containment	Other
	Paid	Incurred	Expenses Incurred	Underwriting Expenses
2003	32.6%	79.0%	7.8%	4.5%
2004	50.1%	81.4%	9.5%	4.6%
2005	47.4%	69.7%	22.0%	4.7%
2006	70.9%	108.3%	22.2%	4.8%
2007	37.0%	177.7%	11.9%	4.6%
2008	99.9%	47.0%	17.3%	4.6%
2009	63.7%	79.0%	14.4%	4.5%
2010	34.2%	87.2%	14.3%	4.2%
2011	86.4%	28.6%	26.9%	4.9%
2012	62.8%	2.8%	12.3%	6.2%

### Top 15 in 2012 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
Proselect Ins Co	MA	44,381,290	56,301,708	0	19,263,312	20,876,810	40,578,988	114,368,621	6,965,541	5,961,359	26,756,105	4,408,976	1,032,316
MCIC VT Inc RRG	VT	36,216,679	36,216,679	0	0	28,229,902	-6,104,269	150,825,172	6,619,094	1,914,315	15,508,457	51,734	1,452,771
Connecticut Medical Ins Co	CT	28,142,266	27,469,311	0	40,684,087	12,852,198	-20,625,673	79,094,812	4,093,961	152,872	21,213,795	1,176,506	282,973
Continental Cas Co	IL	13,739,837	13,733,074	0	619,586	5,069,507	8,142,707	47,588,938	2,178,903	1,675,167	3,419,218	518,048	278,168
Darwin Select Ins Co	AR	5,508,435	4,639,764	0	3,205,681	3,738,919	807,617	7,520,731	1,032,032	922,642	3,180,894	1,290,511	1,769
Medical Protective Co	IN	3,315,902	3,329,297	0	1,780,443	14,889,397	3,975,397	7,314,000	357,380	847,108	1,928,355	296,571	65,526
American Cas Co Of Reading PA	PA	3,209,076	3,222,342	0	1,325,379	436,182	140,231	3,539,821	164,114	203,601	1,790,669	1,268,145	60,811
Applied Medico Legal Solutions RRG	AZ	3,056,826	3,090,308	0	1,335,704	730,000	2,003,535	3,273,489	490,800	869,330	870,336	540,804	122,273
Ironshore Specialty Ins Co	AZ	2,532,069	2,920,713	0	2,110,897	110,000	1,095,156	3,204,207	39,941	153,351	357,193	428,331	95
National Union Fire Ins Co Of Pitts	PA	2,410,331	2,504,813	0	1,149,271	2,088,404	634,101	5,382,116	961,850	521,197	923,482	511,889	48,217
Star Ins Co	MI	2,400,170	2,574,712	0	930,277	0	-27,947	657,393	75,371	163,589	497,724	403,187	35,212
Homeland Ins Co of NY	NY	2,358,007	2,402,023	0	1,113,572	0	859,553	2,525,208	104,559	124,482	141,481	330,714	0
Health Care Industry Liab Recip Ins	DC	1,791,361	1,761,509	0	1,129,056	481,109	1,139,627	4,005,039	37,186	505,372	1,580,995	481,489	71,654
Evanston Ins Co	IL	1,628,547	1,798,154	0	-309,519	265,248	745,164	3,113,179	417,392	-60,709	1,617,207	238,133	1,418
Preferred Physicians Medical RRG	MO	1,463,785	1,469,664	0	70,336	0	1,563,126	7,390,607	263,888	407,901	1,693,552	0	58,551

Top 15 Total

152,154,581 = 88.1% of total 2012 Direct Premiums Written of \$172,801,837

### Top 15 in 2011 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
Proselect Ins Co	MA	44,471,021	43,530,247	0	29,333,730	18,925,333	24,360,669	94,666,441	7,643,162	6,543,116	27,760,286	4,231,333	1,028,694
MCIC VT Inc RRG	VT	38,253,900	38,253,900	0	0	38,197,106	9,065,824	185,159,343	5,288,520	10,803,213	20,213,237	53,183	1,580,928
Connecticut Medical Ins Co	CT	29,178,587	28,885,808	0	40,561,382	18,568,368	-17,372,064	112,008,864	4,404,087	-4,592,115	25,013,929	330,184	604,837
Continental Cas Co	IL	11,868,074	12,603,319	0	612,823	2,405,678	5,427,801	44,515,738	1,713,530	1,495,753	3,922,954	342,213	241,143
Darwin Select Ins Co	AR	5,203,323	7,292,783	0	2,337,011	877,150	5,329,571	10,452,033	390,620	1,104,203	3,290,283	1,411,253	1,936
Ironshore Specialty Ins Co	AZ	3,618,392	2,860,499	0	2,499,542	19,500	985,121	2,219,051	500	104,622	243,783	573,147	65
Medical Protective Co	IN	3,281,208	2,571,405	0	1,793,838	0	-354,000	18,228,000	433,714	400,178	1,438,627	293,136	58,062
American Cas Co Of Reading PA	PA	3,159,725	3,069,519	0	1,338,645	44,420	678,729	3,835,772	223,202	220,188	1,751,181	1,243,025	57,085
Star Ins Co	MI	2,606,832	2,208,536	0	1,104,818	0	685,338	685,339	10,907	420,413	409,505	437,799	47,354
National Union Fire Ins Co Of Pitts	PA	2,434,592	2,612,465	0	1,243,753	950,446	318,260	6,836,419	895,538	635,336	1,364,134	507,022	48,702
Homeland Ins Co of NY	NY	2,331,817	2,274,568	0	1,157,589	0	1,210,914	1,665,655	54,605	123,440	121,559	258,508	0
Evanston Ins Co	IL	1,871,876	1,801,486	0	-139,913	338,183	1,924,683	2,633,263	240,881	539,157	2,095,308	421,309	2,443
Preferred Physicians Medical RRG	MO	1,700,761	1,702,604	0	76,215	0	1,249,414	5,827,482	387,726	764,532	1,549,539	0	68,031
Health Care Industry Liab Recip Ins	DC	1,688,048	1,626,481	0	1,099,204	569,166	813,944	3,346,521	52,771	508,855	1,112,809	438,031	69,068
Arch Specialty Ins Co	NE	1,417,886	1,287,461	0	451,794	40,000	-653,803	337,891	33,397	-54,954	994,361	158,196	43

Top 15 Total

153,086,042 = 89.2% of total 2011 Direct Premiums Written of \$171,700,809

## Connecticut Medical Malpractice Annual Report – 2012

### Investment Income \* – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2012</u>	<u>2011</u>
Proselect Ins Co	\$769,876	\$828,058
MCIC VT Inc RRG	\$657,651	\$1,532,441
Connecticut Medical Ins Co	\$15,592,882	\$11,758,932
Continental Cas Co	\$1,795,383,295	\$1,741,928,293
Darwin Select Ins Co	\$2,854,607	\$2,361,422
Medical Protective Co	\$129,297,534	\$80,923,731
American Cas Co Of Reading PA	\$1,956,492	\$1,873,074
Applied Medico Legal Solutions RRG	\$3,587,074	\$3,107,559
Ironshore Specialty Ins Co	\$19,039,270	\$15,069,716
National Union Fire Ins Co Of Pitts	\$1,831,626,052	\$1,157,159,921
Star Insurance Company	\$27,361,987	\$33,887,010
Homeland Ins Co of NY	\$15,222,181	\$7,847,658
Health Care Industry Liab Recip Ins	\$336,282	\$522,736
Evanston Ins Co	\$76,678,678	\$84,242,360
Preferred Physicians Medical RRG	\$6,158,560	\$6,124,709

Source: National Association of Insurance Commissioners Database

\* Note: Investment earnings are from the company's Annual Financial Statements, Page 4, Line 11 and are for all lines of business written by the company in all states.

**Connecticut Medical Malpractice Annual Report – 2013**

**Appendix 4**

**Medical Malpractice Data Reporting Requirements  
Connecticut General Statute § 38a-395**



**Substitute Senate Bill No. 249**

**Public Act No. 07-25**

**AN ACT CONCERNING MEDICAL MALPRACTICE DATA  
REGARDING MEDICAL PROFESSIONALS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-395 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section:

(1) "Claim" means a request for indemnification filed by a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital pursuant to a professional liability policy for a loss for which a reserve amount has been established by an insurer;

(2) "Closed claim" means a claim that has been settled, or otherwise disposed of, where the insurer has made all indemnity and expense payments on the claim; [and]

(3) "Insurer" means an insurer that insures a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital against professional liability. "Insurer" includes, but is not limited to, a captive insurer or a self-insured person; and

**Substitute Senate Bill No. 249**

(4) "Medical professional" has the same meaning as provided in section 38a-976.

(b) On and after January 1, 2006, each insurer shall provide to the Insurance Commissioner a closed claim report, on such form as the commissioner prescribes, in accordance with this section. The insurer shall submit the report not later than ten days after the last day of the calendar quarter in which a claim is closed. The report shall only include information about claims settled under the laws of this state.

(c) The closed claim report shall include:

(1) Details about the insured and insurer, including: (A) The name of the insurer; (B) the professional liability insurance policy limits and whether the policy was an occurrence policy or was issued on a claims-made basis; (C) the name, address, health care provider professional license number and specialty coverage of the insured; and (D) the insured's policy number and a unique claim number.

(2) Details about the injury or loss, including: (A) The date of the injury or loss that was the basis of the claim; (B) the date the injury or loss was reported to the insurer; (C) the name of the institution or location at which the injury or loss occurred; (D) the type of injury or loss, including a severity of injury rating that corresponds with the severity of injury scale that the Insurance Commissioner shall establish based on the severity of injury scale developed by the National Association of Insurance Commissioners; and (E) the name, age and gender of any injured person covered by the claim. Any individually identifiable health information, as defined in 45 CFR 160.103, as from time to time amended, submitted pursuant to this subdivision shall be confidential. The reporting of the information is required by law. If necessary to comply with federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996, (P.L. 104-191) (HIPAA), as from time to time amended, the insured shall arrange

**Substitute Senate Bill No. 249**

with the insurer to release the required information.

(3) Details about the claims process, including: (A) Whether a lawsuit was filed and, if so, in which court; (B) the outcome of such lawsuit; (C) the number of other defendants, if any; (D) the stage in the process when the claim was closed; (E) the dates of the trial, if any; (F) the date of the judgment or settlement, if any; (G) whether an appeal was filed and, if so, the date filed; (H) the resolution of any appeal and the date such appeal was decided; (I) the date the claim was closed; (J) the initial indemnity and expense reserve for the claim; and (K) the final indemnity and expense reserve for the claim.

(4) Details about the amount paid on the claim, including: (A) The total amount of the initial judgment rendered by a jury or awarded by the court; (B) the total amount of the settlement if there was no judgment rendered or awarded; (C) the total amount of the settlement if the claim was settled after judgment was rendered or awarded; (D) the amount of economic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (E) the amount of noneconomic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (F) the amount of any interest awarded due to the failure to accept an offer of judgment or compromise; (G) the amount of any remittitur or additur; (H) the amount of final judgment after remittitur or additur; (I) the amount paid by the insurer; (J) the amount paid by the defendant due to a deductible or a judgment or settlement in excess of policy limits; (K) the amount paid by other insurers; (L) the amount paid by other defendants; (M) whether a structured settlement was used; (N) the expense assigned to and recorded with the claim, including, but not limited to, defense and investigation costs, but not including the actual claim payment; and (O) any other information the commissioner determines to be necessary to regulate the professional liability insurance industry with respect to [physicians, surgeons, hospitals,

**Substitute Senate Bill No. 249**

advanced practice registered nurses or physician assistants] medical professionals or hospitals, ensure the industry's solvency and ensure that such liability insurance is available and affordable.

(d) (1) The commissioner shall establish an electronic database composed of closed claim reports filed pursuant to this section.

(2) The commissioner shall compile the data included in individual closed claim reports into an aggregated summary format and shall prepare a written annual report of the summary data. The report shall provide an analysis of closed claim information including a minimum of five years of comparative data, when available, trends in frequency and severity of claims, itemization of damages, timeliness of the claims process, and any other descriptive or analytical information that would assist in interpreting the trends in closed claims.

(3) The annual report shall include a summary of rate filings for professional liability insurance for [physicians, surgeons, hospitals, advanced practice registered nurses and physician assistants] medical professionals or hospitals, which have been approved by the department for the prior calendar year, including an analysis of the trend of direct losses, incurred losses, earned premiums and investment income as compared to prior years. The report shall include base premiums charged by insurers for each specialty and the number of providers insured by specialty for each insurer.

(4) Not later than March 15, 2007, and annually thereafter, the commissioner shall submit the annual report to the joint standing committee of the General Assembly having cognizance of matters relating to insurance in accordance with section 11-4a. The commissioner shall also (A) make the report available to the public, (B) post the report on its Internet site, and (C) provide public access to the contents of the electronic database after the commissioner establishes that the names and other individually identifiable information about

***Substitute Senate Bill No. 249***

the claimant and practitioner have been removed.

(e) The Insurance Commissioner shall provide the Commissioner of Public Health with electronic access to all information received pursuant to this section. The Commissioner of Public Health shall maintain the confidentiality of such information in the same manner and to the same extent as required for the Insurance Commissioner.

Approved May 18, 2007

# **Connecticut Medical Malpractice Annual Report – 2013**

## **Appendix 5**

### **Medical Malpractice Closed Claim Data Collection Application Users Guide**

## Medical Malpractice Online Reporting Tool Instruction

To be able to have access to the Connecticut Insurance Department Medical Malpractice On-line Reporting tool, you will need to request your User ID; it will take the department 24 to 48 hours to grant access to your User ID.

The user is the person who is responsible for submitting data to the department. Each user can select what type of information they are responsible to submit, such as “Yearly Information”, “Closed Claims Information” or both. In order to protect the uniqueness of the data submitted from user(s), we limit the company to have only one user for each role only. One user can be responsible to submit both, yearly data and quarterly closed claims data. The user(s) options are for example:

1. User A responsible for Yearly data, user B responsible for quarterly closed claims; or
2. User A responsible for yearly and quarterly closed claims data.

In other words, you may either have one user responsible for both yearly and closed claim information, or you may have two users; one responsible for yearly information, and the other responsible for closed claim information. You may **not** have two users report the same type of information.

**Note:** In the Company Request screen, **do not** use the Captive Tax ID for the Tax ID box but use your company Tax ID instead.

Click here to start:

[https://www.cid-online.ct.gov/mmdc/Login\\_input.action](https://www.cid-online.ct.gov/mmdc/Login_input.action)

To Bookmark this page:

1. Right mouse click on this page
2. Select “Add to Favorite” for Window Internet Explorer, or select “Bookmark This Page” if you are using Firefox web browser.

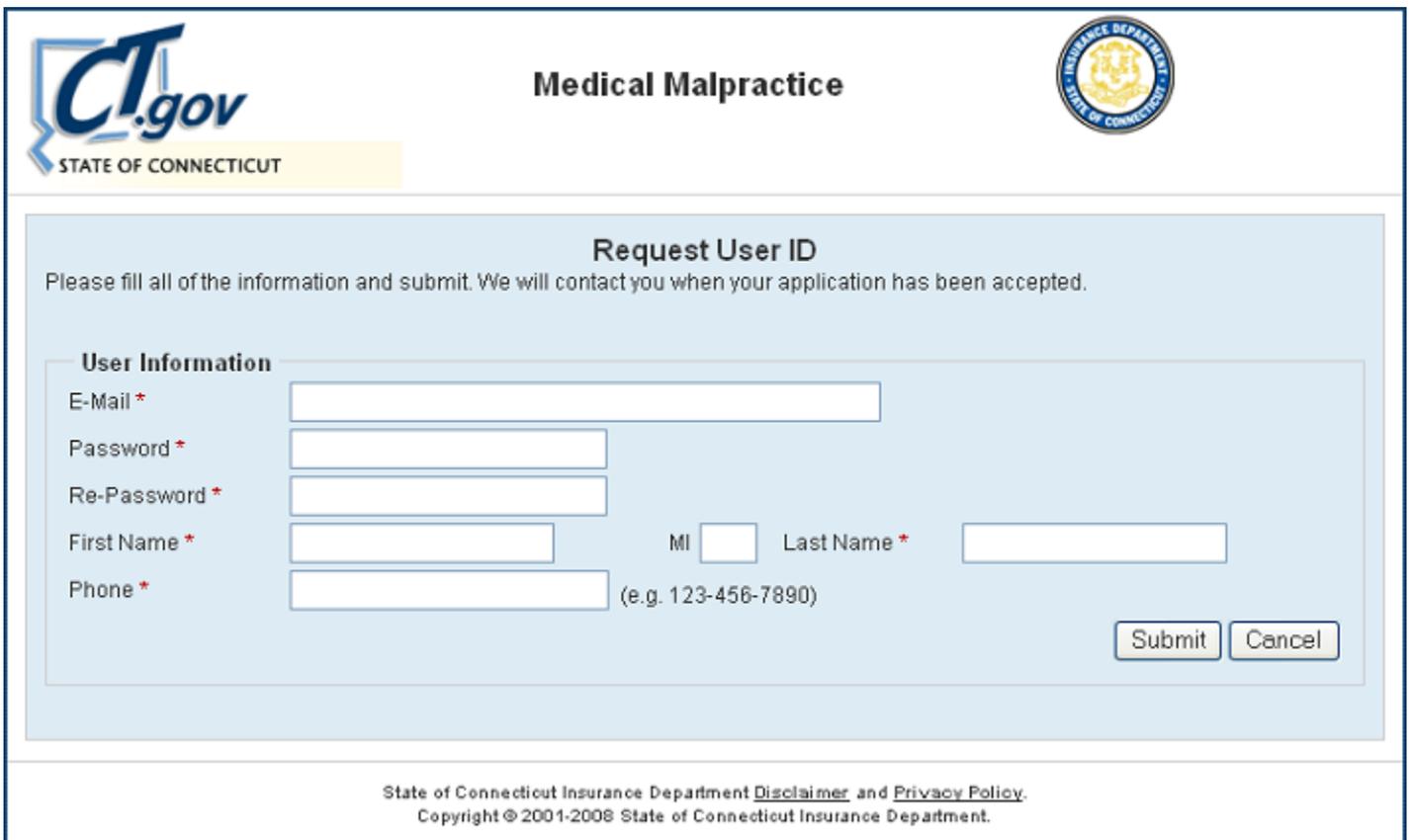
## Request a User ID

1. Click “Request a User ID” link on this screen



The screenshot shows the 'Medical Malpractice' login page. At the top left is the 'CT.gov STATE OF CONNECTICUT' logo. At the top right is the 'INSURANCE DEPARTMENT STATE OF CONNECTICUT' seal. The page title is 'Medical Malpractice'. The main content area is titled 'Login' and contains two input fields for 'Email \*' and 'Password \*', a 'Login' button, and a link for 'Request a User ID'. At the bottom, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

2. Enter the User Information



The screenshot shows the 'Medical Malpractice' 'Request User ID' page. At the top left is the 'CT.gov STATE OF CONNECTICUT' logo. At the top right is the 'INSURANCE DEPARTMENT STATE OF CONNECTICUT' seal. The page title is 'Medical Malpractice'. The main content area is titled 'Request User ID' and includes the instruction: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below this is a 'User Information' section with input fields for 'E-Mail \*', 'Password \*', 'Re-Password \*', 'First Name \*', 'MI' (with a dropdown arrow), 'Last Name \*', and 'Phone \*' (with the example '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. At the bottom, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

### 3. Enter the Company Information

- Select the Business Type and enter the information that corresponds to the company that will be granted access to submitting the data.
- Select the user's role – Yearly Data, Quarterly Closed Claims or both.
- The Contact Person on this screen is the person who will be able to answer questions regarding the data submitted on behalf of the company. If this person and the user are the same person, then select “Yes” for the question “Is the information below same as the User Contact Information?” The user information from the previous screen will be filled in for you.
- Click “Submit”

### Request a Company

Please enter the information of the company to register

Business Type \*

Tax ID \*  (e.g. 12-3456789)

Name of Self-Insured \*

**What Information do you require to access?**

Yearly Information  Closed Claims

**Is the information below the same as the User Contact Information?**

Yes  No

**Contact person for questions regarding data**

First Name \*  MI  Last Name \*

Phone \*  (e.g. 123-456-7890)

E-mail \*

4. Add another Company or Finish – This option is for the Third Party Administrator who will be responsible to submit data for more than one company. You can add another company now or you can wait until any other time. Click “Finish User Registration” and you will be brought back to the Login Page. You must allow some time for the User ID to be processed by The Department of Insurance.



 **Medical Malpractice** 

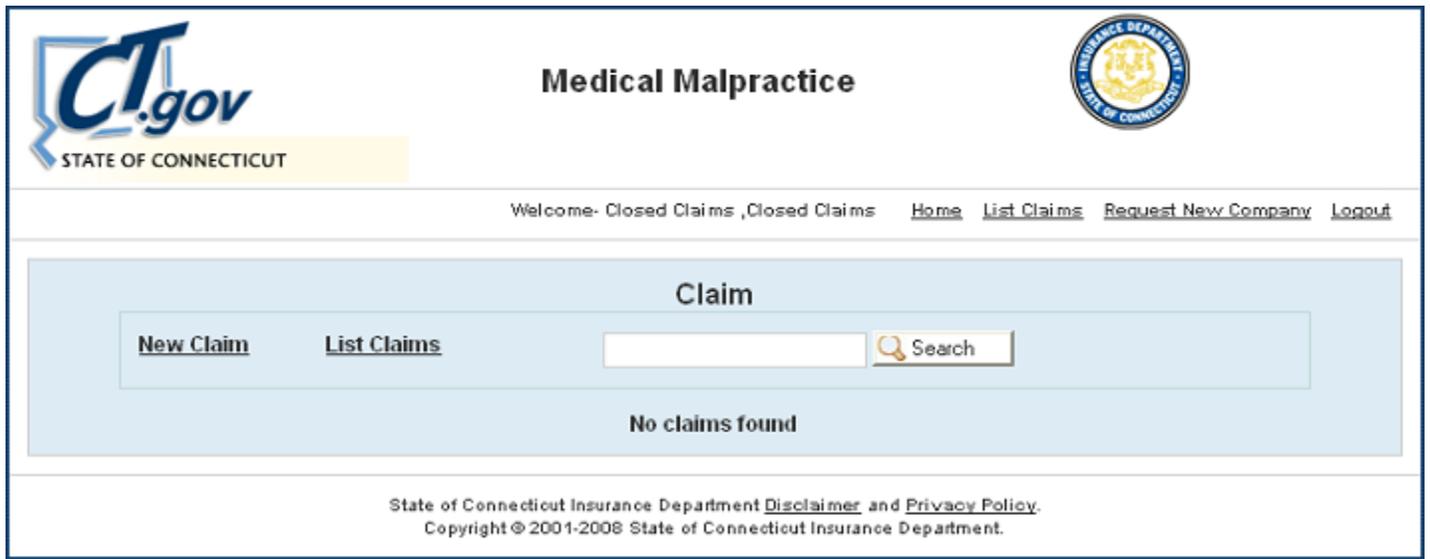
STATE OF CONNECTICUT

What do you want to do now?

State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#).  
Copyright © 2001-2008 State of Connecticut Insurance Department.

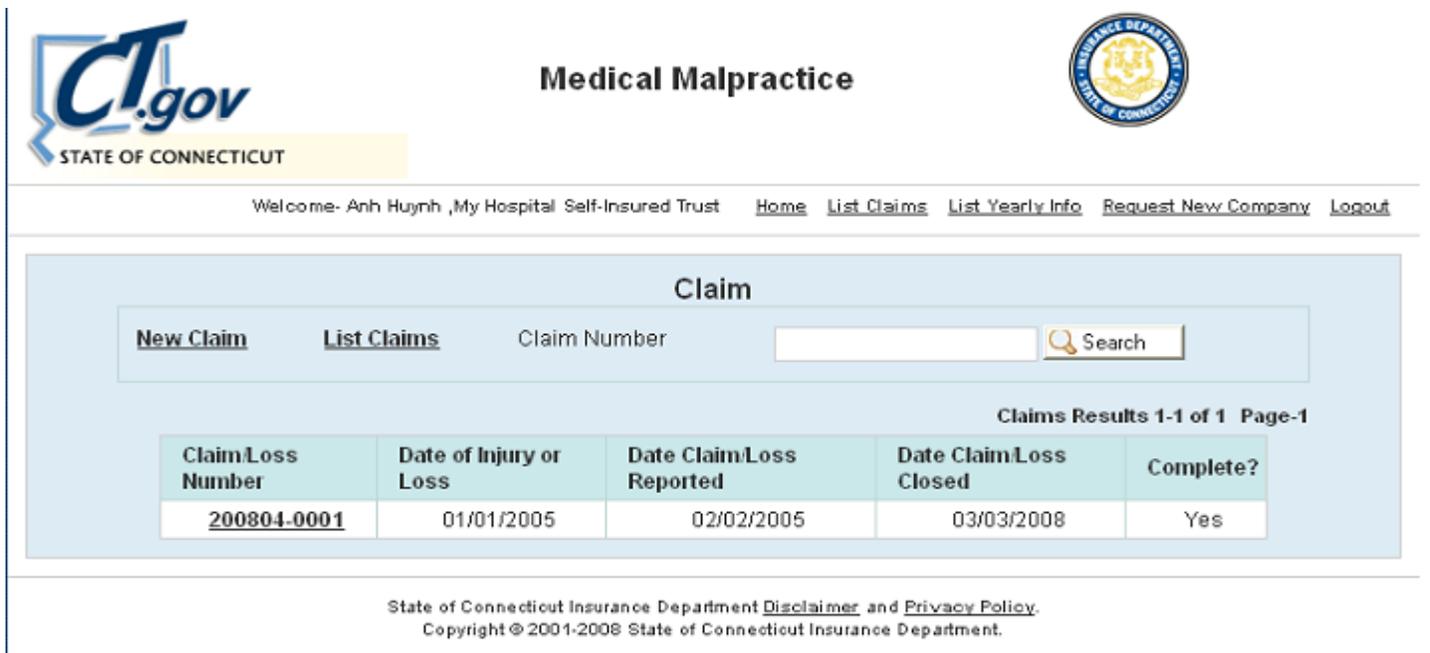
## Closed Claim reporting

- A “No claims found” message will appear when you login for the first time, or if you have yet to submit any claims



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo, the title 'Medical Malpractice', and the State of Connecticut Insurance Department seal. The navigation bar contains links for 'Home', 'List Claims', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and features a search bar with a 'Search' button. Below the search bar, the text 'No claims found' is displayed. At the bottom, there is a disclaimer and copyright notice for the State of Connecticut Insurance Department.

- Your claim(s) will be displayed, as shown below, after you have submitted them.



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. The header and navigation bar are the same as in the previous screenshot. The main content area is titled 'Claim' and features a search bar with a 'Search' button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

Claim/Loss Number	Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	Complete?
<u>200804-0001</u>	01/01/2005	02/02/2005	03/03/2008	Yes

At the bottom, there is a disclaimer and copyright notice for the State of Connecticut Insurance Department.

- This page is known as the “Home” or “List Claims” page. Click the “Home” or “List Claims” link from any other page to return here.
- The “List Yearly Info” link is only displayed for the user with the two user roles: “Closed Claims” and “Yearly Information”.
- The “Request New Company” link allows you to add another company into your list – This option is for the third party administration that needs to enter information for more than one company. 24 to 48 hours are required in order to grant access to a user before they can start to file a claim for that company.
- Click logout in the top right corner of your screen, or close your web browser to log out of the application.
- Search for a claim – To search for a previously submitted claim, enter the claim number into the claim number box and click the search button. This will allow you to search without scanning the entire list.

**Add a New Claim** – Click the “New Claim” link to submit a new claim

1. **Injured Party Information** – Fill out the injured party’s information as required. For the age category, select an age group to categorize by one of the given groups, or select “Date Of Birth” to enter an exact birth date.

### Injured Party Information

#### Claim Details

Claim/Loss Number \*

County where claim incident occurred \*

Date of Injury or Loss \*

Date Claim/Loss Reported \*

Date Claim/Loss Closed \*

#### Injured Person Details

First Name \*  Middle Name  Last Name \*

Date Of Birth  Age Group      Age Group \*

Gender \*     Male     Female

#### Injury Details

Name of institution where loss/injury occurred \*

Type of Location where loss/injury occurred \*

Act or Omission Type \*

Act or Omission Description \*

Severity rating(NAIC) \*

Attorney \*  **and/or** Attorneys Law Firm \*

2. Lawsuit File Information: Select whether or not a lawsuit was filed. This answer will determine the Judgment/Settlement information required in further steps.

### Lawsuit Information

**Lawsuit Information**

Was a Suit filed?  Yes  No

Date Suit Filed \*

Name of Court Suit Filed in \*

Docket Number \*   
(N/A if Unavailable)

3. Select Insured/Policyholder type – Business Entity or Individual
- **Individual** – Enter the license number of the insured individual. If you don't know the license number, click the "[Search License Number](#)" link to search for it by the Name of the individual on the Public Health Department Web Site. After entering the number into the given box, click "Search" to search from the Insurance Department Insurer list. If the license is found, then it will display in the table with the individual's information. Select that individual and it will pre-fill the individual's information such as Name, Address, License, Specialty, and Policy Limits. The database containing this information at our department is new and may not contain a prefilled information table. If that is the case, you must proceed and enter the information manually, using the information from the claim, or the Public Health Department Web Site.
  - **Business Entity** – Type in the whole or part of the Entity's Name, then click the "Search" button to search for the Entity already on the Insurance Department Insurer List. If the Entity is found then it will display in the table. Select the Entity you want in order to pre-fill the Entity's Name, address, policy limits, and specialty. The same principle applies here as well. You may need to proceed without using the pre-fill table, and enter the information manually on the next page.

### Insured/Policy Holder Information

**Search Insured/Policy Holder**

**Search and Select a Insured/Policy Holder and click proceed or simply click proceed to skip this page**

<b>Is Insured *</b>	<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual
<b>Enter License Number</b>	<input type="text"/>
<a href="#">Search License Number</a>	
	<input type="button" value="Search"/>

4. Insured/Policyholder Information: Some of this information may be prefilled based on the previous step. If not, fill in the required information.

For a claim with multiple insured parties involved. Click “[Add Insured](#)” option on the claim’s detail screen, it will allow you to add another insured party without re-enter the injured party information all over again.

### Insured/Policy Holder Information

**Insured/Entity Details**

Name of Entity \*

Address1 \*

Address2

City \*

State \*

Zip Code \*

Policy Number \*

Specialty \*

Insured Policy Limits \*

Initial Indemnity and Expense Reserve \*

Final Indemnity and Expense Reserve \*

Loss Adjustment Expenses paid to Defense Counsel \*

All Other Allocated Loss Adjustment Expenses Paid \*

Close Date  

**Is Insured/Entity \***  Primary  Excess

**Occurrence/Claim \***  Occurrence  Claim-Made

5. Settlement Options – If no lawsuit was selected in the second step, this screen will appear for settlement information **not** based on judgment through a lawsuit.
  - The “Withdrawn” and “Abandon” options will not require the Award details screen, and the claim submitting process will be finished.
  - The “Settlement” option will ask for the Settlement Date and Settlement code, as seen below, followed by the Settlement Award Details screen based on the Settlement code selected. For settlements before litigation, you will be asked to fill out further award details, as seen in step 7. For settlements without an award, and in this case, not decided by lawsuit, the claim submitting process will be finished.

**Judgment/Settlement Information**

**Outcome Information**

Settlement
  Withdrawn
  Abandon

**Judgment/Settlement Information**

**Outcome Information**

Settlement
  Withdrawn
  Abandon

**Settlement Information**

Date of Settlement \*

Settlement Code \*

Were Other Companies Involved \*  No  Yes

6. Judgment/Settlement Options – If yes was selected for a lawsuit in step 2, this screen will appear for judgment or settlement information based on the lawsuit filed.

**Judgment/Settlement Information**

**Outcome Information**

Judgment
  Settlement
  Withdrawn
  Abandon

Were Other Companies Involved \*  No  Yes

- If the outcome is “Withdrawn” or “Abandon”, the claim submitting process will be finished.
- If “Settlement” is selected, fill in the required information as prompted, based on the settlement code, and then follow step 7.
- If “Judgment” is selected, follow steps 8 through 10.

7. Settlement Award Detail screen

- No Settlement Award will be required if the Settlement Code was “Settlement Without Award”, regardless of a lawsuit being filed or not.
- The first screen below will appear after selecting the “Settlement” option when a lawsuit was not filed and the Settlement Code was “Settlement Before Litigation”. It will also appear after selecting the “Settlement” option when a lawsuit was filed, and the Settlement Code was either: “Settlement Before Litigation”, “Settlement During Trial” and “Settlement After Trial But Before Judgment”.
- If the “Settlement Option” when a lawsuit was filed was selected along with the “Settlement After Judgment” Settlement Code, the second screen below will appear. After filling out each “Settlement Award” page, the claim submitting process will be finished.

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>
4. Amount of Initial Award (if rendered by Jury or Awarded by Court) *	<input type="text"/>

8. Judgment Option – After “Judgment” is selected as the outcome information, you will be required to specify further details about the judgment process.
- Trial Option 1 – “Withdrawn” or “Dismissed” (Select if judgment outcome was withdrawn or dismissed)
    - Select “Withdrawn” or “Dismissed” under the “Trial Information” title and you will be asked for the withdrawn/dismissed date, but it is not required. After doing this, the claim submitting process will be finished. If the judgment was decided by court or jury, see trial option 2.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

**Outcome Information**

- Judgment  Settlement  Withdrawn  Abandon
- Were Other Companies Involved \*  No  Yes

**Trial Information**

- Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

- Trial Option 2 – “Judgment by Jury” or Judgment by Court” (Select either option depending on if the judgment trial was made by jury or court, respectively)
  - Select “Judgment by Jury” or Judgment by Court” under the “Trial Information” title and you will be required to enter trial and award dates, the lawsuit outcome, and whether or not an appeal was filed. See the second screen shot below.
  - If the “Lawsuit Outcome” is “Judgment for Defendant”, then award details will not be required, and the claim submitting process will be finished.
  - If the “Lawsuit Outcome” is “Judgment for Plaintiff”, then the Jury or Court Award screen will appear depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box, see steps 9 and 10.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

**Outcome Information**

- Judgment  Settlement  Withdrawn  Abandon
- Were Other Companies Involved \*  No  Yes

**Trial Information**

- Judgment by Jury  Judgment by Court  Withdrawn  Dismissed
- Date Withdrawn

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

## Judgment/Settlement Information

### Outcome Information

Judgment  Settlement  Withdrawn  Abandon

Were Other Companies Involved \*  No  Yes

### Trial Information

Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

Trial Date From \*

Trial Date To \*

### Award Information

Date Award Decided \*

Lawsuit Outcome \*

### Appeal Filed

Yes  No

<< Back

Proceed >>

Cancel

- If Appeal is Yes
  - If Appeal Outcome is “Judgment for Defendant on Appeal”, then the Award Details will not be required.
  - If Appeal Outcome is “Judgment for Plaintiff on Appeal”, then the Jury Award or Court Award detail screen will be displayed, as seen in steps 9 and 10, depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box.

**Judgment/Settlement Information**

**Outcome Information**

Judgment  Settlement  Withdrawn  Abandon

Were Other Companies Involved \*  No  Yes

**Trial Information**

Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

Trial Date From \*

Trial Date To \*

**Award Information**

Date Award Decided \*

Lawsuit Outcome \*

**Appeal Filed**

Yes  No

Date Appeal Filed \*

Date Appeal Decided \*

Appeal Outcome \*

Judgment for Plaintiff on Appeal  
Judgment for Defendant on Appeal

9. Jury Award: Fill out the “Jury Award” information and the claim submitting process will be finished.

**Jury Award**

**Jury Award**

1. Total Amount of Initial Jury Award *	<input type="text"/>
1.a Reduction by Court *	<input type="text"/>
1.b Addition by Court *	<input type="text"/>
1.c Final Amount *	<input type="text"/>
2. Interest Awarded (Due to failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (Line 1.c. plus line 2) *	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to non-Economic Damages *	<input type="text"/>

10. Court Award: Fill out the “Court Award” information and the claim submitting process will be finished.

**Court Award**

**Court Award**

1. Total Amount of Initial Award *	<input type="text"/>
2. Interest Awarded (Due to a failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (line 1 plus line 2)	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to Non-economic Damages *	<input type="text"/>

11. Claim Detail screen

- Mark the claim as complete by clicking the “Mark as Complete” button
- Add any new claim by clicking the “New Claim” button
- To Add/Correct/Delete any part of the claim: click on the Injured Party, Insured Party, Award Detail tabs, or the Delete tab to delete that information of the claim. If you do chose to delete part of a claim, you will see a new tab appear prompting you to re-fill that information in.

\*\* You can **add** another *Insured Party* here by clicking the “Add Insured” on the right side of the Injured Party. It will eliminate from entering the injured information all over again.

New Claim
Mark as Completed

Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	
01/01/2005	02/02/2005	03/03/2008	

<u>Injured Party</u>			<u>Delete</u>	<u>Add Insured</u>
Name	Jane Doe	Age Group	Adult - Ages 18 to 64	
Gender	F	Name of institution where loss/injury occurred	My Hospital Self-Insured Trust	
Type of Location where loss/injury occurred	Critical Care Unit	Severity rating(HAIC)	Death	
Act or Omission Type	9- Miscellaneous Related	Act or Omission Description	60- Other	
Attorneys Law Firm	John Doe			

<u>Insured Information (1)</u>			<u>Delete</u>
Name of Entity	My Hospital Self-Insured Trust	Address1	1 Main Street
Address2		City	Hartford
State	CT	Zip Code	06103
Policy Number	06-11111	Category of Specialty	Hospital
Specialty		Insured Policy Limits	20M
Initial Indemnity and Expense Reserve	\$1,000,000	Final Indemnity and Expense Reserve	\$900,000
Loss Adjustment Expenses paid to Defense Counsel	\$600,000	All Other Allocated Loss Adjustment Expenses Paid	\$0
Close Date	02/02/2008	Is Insured/Entity	Primary
Occurrence/Claim	Claim-Made		

<u>Judgment/Settlement Information (1)</u>			<u>Delete</u>
Settlement Code	Settlement Before Litigation	Lawsuit Filed	No
Date of Settlement	02/02/2008	Were Other Companies Involved	Yes

<u>Award Detail (1)</u>		<u>Delete</u>
Structured Settlement	No	
1. Total Settlement Paid to Injured Party	\$12,000	2. Estimated Amount of Line 1 allocated to Economic Damages Unknown
3. Estimated Amount of Line 1 allocated to non-Economic Damages	Unknown	

## Yearly Information Report

Commercial Insurer – if you have more than one specialty, click “New Yearly Information” to enter the next one.

**Yearly Information**

[New Yearly Information](#)    [List of Yearly Information](#)

**Commercial Insurer**

Year 2007

Base Premium \*

Earned Premium \*

Paid Losses (Including ALAE) \*

Incurred Losses (Including ALAE) \*

Specialty (Please Choose the Closest One) \*

Number of Providers in Specialty

Hospital/Non Hospital – Self Insurer

**Yearly Information**

[New Yearly Information](#)    [List of Yearly Information](#)

**Hospital/Non Hospital - Self-Insured**

Year 2007

Provide Most Recent Year Funding \*

Trust Net Retained Professional Liability Losses Paid \*

Trust Net Retained Professional Liability Losses Incurred \*

## Hospital – Captive with Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Hospital - Captive with Voluntary Physicians Attending</b>	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Hospital – Captive without Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Hospital - Captive without Voluntary Physicians Attending</b>	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Non-Hospital – Captive with Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Non Hospital - Captive with Voluntary Physicians Attending</b>	
Year	2007
HCP Professional Liability Premium (No General Liability) *	<input type="text"/>
HCP Net Retained Paid Professional Liability Losses *	<input type="text"/>
HCP Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Non-Hospital – Captive without Voluntary Physicians

### Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

#### Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) \*

HCP Net Retained Paid Professional Liability Losses \*

HCP Net Retained Incurred Professional Liability Losses \*