

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-035**

The information requested on Form 26-035, Part I and Part II, is to be reported on a **policy year** basis. Record the requested data for each of the years listed for each of the classifications of medical malpractice insurance. The information to be reported is for policies covering insureds located in Wisconsin.

There is one copy of Form 26-035, Part I for policy years 2006 through 2010 and one copy of Form 26-035, Part II for policy years 2011 through 2015. It is your responsibility to make copies of these forms for each of the 12 classifications given in the chart below. These are based on ISO classifications. You will be required to fill in the classification number for the class being filed. File only those forms for the classifications in which you have written coverage. If you meet or exceed either the \$300,000 threshold for the entire line of medical malpractice insurance or the \$50,000 threshold for individual classifications, a form must be filed for all classifications in which premiums are written whether or not the thresholds are met for all classifications. Classifications in which no premiums are written need not be reported to our office.

RATING CLASSIFICATION TABLE

| <u>Classification</u> | <u>Definition</u> |
|------------------------------|---|
| 1. | Physicians - No Surgery |
| 2. | Physicians - Minor Surgery |
| 3. | Physicians - Limited Major Surgery, Ophthalmology, Proctology, Cardiology, Urologist |
| 4. | Emergency Room Physicians - Minor Surgery |
| 5. | Cardiac Surgeons, General Surgeons, Anesthesiologists, Otolaryngologists, Plastic Surgeons, Emergency Room Physicians - Major Surgery |
| 6. | Orthopedists, Thoracic Surgeons, Vascular Surgeons |
| 7. | Obstetricians - Gynecologists |
| 8. | Osteopaths Who Only Perform Osteopathic Manipulation |
| 9. | Neurosurgeons |
| 10. | Hospitals |
| 11. | Other Health Care Professionals - Dentists, Chiropractors, Podiatrists, Pharmacists, etc. |
| 12. | Other Health Care Facilities - Nursing Homes, Sanitariums, etc. |

Affiliated insurers may report information on a pooled or an individual insurer basis. If any member of a pool exceeds the \$300,000 total premium threshold or the \$50,000 premium threshold for a classification, all of the experience of members of the pool must be reported when pooled reporting is used.

If medical malpractice insurance coverage is part of a package that includes premises and operations insurance or any other insurance, only information relating to the medical malpractice insurance portion of the coverage shall be included in this report—s. 601.427 (3), Wis. Stat.

Please round all dollar amounts to the nearest whole dollar.

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-035
(Continued)**

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

- Line 1* For policy year 2015, enter the number of medical malpractice insurance policies written for the specified classification.
- Line 2* For policy year 2015, enter the total dollar amount of premiums **written** on medical malpractice insurance coverage for the specified classification.
- Line 3 Enter the number of open medical malpractice insurance claims as of December 31, 2016, for the specified policy year and classification.
- Line 4 Enter the amount of direct case reserves established for open claims as of December 31, 2016, for the specified policy year and classification.
- Line 5* Enter the total dollar amount of claims paid during the calendar year 2016 for the specified policy year and classification.
- Line 6* Enter the total number of claims reported during the calendar year 2016 for the specified policy year and classification.
- Line 7* Enter the total number of claims closed without payment during the calendar year 2016 for the specified policy year and classification.
- Line 8* Enter the total number of claims closed with payment during the calendar year 2016 for the specified policy year and classification.
- Line 9* Enter the total number of legal actions filed during the calendar year 2016 for the specified policy year and classification.
- Line 10* Enter the total number of verdicts or judgments for defendants during the calendar year 2016 for the specified policy year and classification.
- Line 11* Enter the total number of verdicts or judgments for plaintiffs during the calendar year 2016 for the specified policy year and classification.
- Line 12* Enter the total amount awarded plaintiffs during the calendar year 2016 for the specified policy year and classification.

**Contact
Person**

Print the name, e-mail address, and phone number of the person responsible for this filing.

* For policy year 2015, include transactions for calendar years 2015 and 2016 combined.

**MEDICAL MALPRACTICE INSURANCE REPORT
PART I**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.427, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

| | |
|--------------|-----------------------|
| Company Name | Rating Classification |
|--------------|-----------------------|

**2016 CALENDAR YEAR DATA BROKEN OUT BY POLICY YEAR
FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN**

| POLICY YEAR | 2006 | 2007 | 2008 | 2009 | 2010 |
|--|------------|------------|------------|------------|------------|
| 1. Number of policies written | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| 2. Total dollar amount of direct premiums written | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| 3. Number of open claims | | | | | |
| 4. Direct case reserves for open claims | | | | | |
| 5. The amount paid in medical malpractice liability claims | | | | | |
| 6. The number of claims reported | | | | | |
| 7. The number of claims closed without payment | | | | | |
| 8. The number of claims closed with payment | | | | | |
| 9. The number of legal actions filed | | | | | |
| 10. Number of verdicts or judgments for defendants | | | | | |
| 11. Number of verdicts or judgments for plaintiffs | | | | | |
| 12. Amount awarded to plaintiffs | | | | | |

| | | |
|----------------------------|-------------------------------|---------------------|
| Prepared By (Please Print) | E-mail Address (Please Print) | Phone Number () |
|----------------------------|-------------------------------|---------------------|

**MEDICAL MALPRACTICE INSURANCE REPORT
PART II**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.427, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

| | |
|--------------|-----------------------|
| Company Name | Rating Classification |
|--------------|-----------------------|

**2016 CALENDAR YEAR DATA BROKEN OUT BY POLICY YEAR
FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN**

| POLICY YEAR | 2011 | 2012 | 2013 | 2014 | 2015* |
|--|------------|------------|------------|------------|-------|
| 1. Number of policies written | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | |
| 2. Total dollar amount of direct premiums written | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | |
| 3. Number of open claims | | | | | |
| 4. Direct case reserves for open claims | | | | | |
| 5. The amount paid in medical malpractice liability claims | | | | | |
| 6. The number of claims reported | | | | | |
| 7. The number of claims closed without payment | | | | | |
| 8. The number of claims closed with payment | | | | | |
| 9. The number of legal actions filed | | | | | |
| 10. Number of verdicts or judgments for defendants | | | | | |
| 11. Number of verdicts or judgments for plaintiffs | | | | | |
| 12. Amount awarded to plaintiffs | | | | | |

* For policy year 2015, include transactions for calendar years 2015 and 2016 combined.

| | | |
|----------------------------|-------------------------------|---------------------|
| Prepared By (Please Print) | E-mail Address (Please Print) | Phone Number () |
|----------------------------|-------------------------------|---------------------|

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-036**

All information requested on Form 26-036 is to be reported on a **calendar** year basis. The information to be reported is the total for all classifications of medical malpractice insurance policies covering insureds located in Wisconsin.

Affiliated insurers may report information on a pooled or an individual insurer basis. If any member of a pool exceeds the \$300,000 total premium threshold or the \$50,000 premium threshold for a classification, all of the experience of members of the pool must be reported when pooled reporting is used.

OTHER INSURANCE EXCLUDED—If medical malpractice insurance coverage is part of a package that includes premises and operations insurance or any other insurance, only information relating to the medical malpractice insurance portion of the coverage shall be included in this report—s. 601.427 (3), Wis. Stat.

Please round all dollar amounts to the nearest whole dollar.

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

Line 1 Enter the amount of net investment gain or loss and all other income gain or loss for calendar year 2016 allocated to medical malpractice insurance in **Wisconsin**, computed by the formula used in the annual Insurance Expense Exhibit for allocation among lines of business.

Line 2 Enter the amount of incurred loss adjustment expense for calendar year 2016 attributable to medical malpractice insurance in **Wisconsin**.

Line 3 Enter the amount spent on all expenses for calendar year 2016 directly attributable to medical malpractice insurance in **Wisconsin** except for the loss itself and the loss adjustment expense. If this data is not kept on an individual line basis, use the following formula or a similar formula to allocate expenses to medical malpractice insurance:

$$\frac{\text{Total medical malpractice premiums written}}{\text{Total company premiums written}} \times \text{All expenses except loss adjustment expense}$$

The above formula works as follows: take the total amount of premiums written on medical malpractice insurance policies and divide this by the total amount of premiums written for the entire company for all lines. Multiply this number times the total amount spent on all expenses except loss adjustment expense.

Contact

Person Print the name, e-mail address, and phone number of the person responsible for this filing.

**MEDICAL MALPRACTICE
INSURANCE REPORT**



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.427, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

COMPANY NAME: _____

CALENDAR YEAR BASIS FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN

| | 2016 |
|---|------|
| 1. Investment gain or loss allocated to medical malpractice | |
| 2. Incurred loss adjustment expense attributable to medical malpractice | |
| 3. All other incurred expenses attributable to medical malpractice | |

| | |
|-------------------------------|--------------------------|
| Prepared By (Please Print) | Phone Number () |
| E-mail Address (Please Print) | |

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-037**

All **information** requested on Form 26-037 is to be reported on a **policy year** basis for the policy years indicated. The information to be reported is for all classifications of medical malpractice insurance policies covering insureds located in Wisconsin.

Please round all dollar amounts to the nearest whole dollar.

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

Enter the total dollar amount of medical malpractice insurance reserves established as of December 31, 2016, for all incurred but not yet reported claims for the specified policy year.

Contact

Person Print the name, e-mail address, and phone number of the person responsible for this filing.

**MEDICAL MALPRACTICE
INSURANCE REPORT**



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.427, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

COMPANY NAME: _____

**POLICY YEAR BASIS FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN
AS OF DECEMBER 31, 2016**

| POLICY YEAR | Reserves Established for Incurred But Not Reported Claims |
|--------------------|--|
| 2006 | |
| 2007 | |
| 2008 | |
| 2009 | |
| 2010 | |
| 2011 | |
| 2012 | |
| 2013 | |
| 2014 | |
| 2015 | |

| | |
|-------------------------------|--------------------------|
| Prepared By (Please Print) | Phone Number () |
| E-mail Address (Please Print) | |