



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

December 20, 2013

RULING LETTER NO: CN-2013-166-AF

**TO ALL INSURERS AUTHORIZED TO TRANSACT PROPERTY AND CASUALTY
INSURANCE IN PUERTO RICO**

**STATISTICAL REPORT ON MEDICAL AND HOSPITAL PROFESSIONAL
LIABILITY INSURANCE IN PUERTO RICO**

Dear Sirs and Madams:

According to Circular Letter AE-I-5-1123-88, dated November 15, 1988, amended by Circular Letter AM-I-1-1216-91, dated February 8, 1991, all insurers that are transacting medical and hospital professional liability insurance or have transacted such in the past, must file semiannual statistical reports with this Office regarding medical and hospital professional liability insurance, as well as copies of any court decision, adjudication, and judicial and extrajudicial settlements. The report must be filed on or before the last day of the month following the end of the semester referred to in the report.

The filing shall be as follows:

1. The semiannual reports will be submitted in an original and three electronic copies on a CD using Microsoft Excel 97-2003.
2. Each copy of the semiannual report will be submitted on a separate CD to be forwarded to the appropriate entity.
3. The reports shall be filed using the forms prepared by this Office. All insurers shall complete the five (5) enclosed forms. Form AM-I-12 (Ed 11-13) is a summary report of the information contained in forms AM-I-9 (Ed 11-13), AM-I-10 (Ed 11-13), and AM-I-11 (Ed 11-13). Form I-AM-10 ADD (Ed 11-13) is a supplement to Form AM-I-10 (Ed 11-13). The number of claims reported on Form AM -I- 10 ADD (Ed 11-13) must be identical to those reported on Form I-AM-10 (Ed 11-13). Information shall be provided on each and every closed claim, whether or not any payment was made.

4. The five forms that constitute the report are claims for professional liability submitted to the hospital separately for physicians, surgeons, and dentists. Please indicate with a checkmark in the heading of each form if the report is for claims related to physicians, surgeons, or dentists or for liability claims against the hospital.
5. If there are no transactions to be reported, the form should state the following: "No claim reported" or "No claims pending" or "No closed claims," as the case may be.
6. Insurers that handle a small number of claims are requested to use the page of the form used for the signature of the authorized official.
7. Insurers that handle a large number of claims may use one or more copies of the form and a copy of the page of the form used for the signature of the authorized official. The pages should be numbered.
8. The only claims to be included in the report are those in which the entity against which the claim is submitted has medical or hospital professional liability insurance with the Insurer.
9. For Forms AM-I-9 (Ed 11-13), AM-I-10 (Ed 11-13), and AM-I-11 (Ed 11-13), the totals shall be shown on the last page. This includes the total number of Claims, the Amount of the Reserve, and the Amount Claimed. Form AM-1-10 (Ed 11-13) shall show the Total Amount Paid, for financial and other losses.
10. The evidence to be included with the closed claims shall be identified with the claim number as listed on Form AM-I-11 (Ed. 11-13).

Any report that is filed on a form or format other than those provided herein will be considered by this Office as not having been filed.

Strict compliance with this Ruling Letter is hereby required.

Very truly yours,

SIGNED

Ángela Weyne-Roig
Commissioner of Insurance