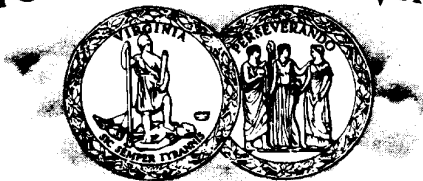


# COMMONWEALTH OF VIRGINIA



STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE

Box 1157  
RICHMOND, VA 23209  
TELEPHONE: (804) 786-3741  
TDD/VOICE: (804) 225-3806

## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

January 29, 1991

Administrative Letter  
1991-2

**TO: All Companies Licensed to Write Commercial Liability Insurance**

**RE: Report of Certain Liability Claims as Required by Virginia Code Section 38.2-2228.1 due September 1, 1991**

Virginia Code Section 38.2-2228.1 requires that all liability claims for commercial liability insurance as defined in Sections 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) be reported annually to the State Corporation Commission (SCC). The SCC Bureau of Insurance has developed the attached Exhibits ((1) general instructions and definitions, (2) exemption request form, (3) market definitions and, (4) diskette file instructions) and reporting forms that insurers should utilize to meet the data reporting requirement of the Code.

A separate report is required for each market definition by each insurer not exempt from the data reporting requirements. For the purposes of the data report, "insurer" shall mean an individual insurer or group of insurers under common ownership or control. A combined report must indicate it is a group report and include the group name and NAIC number as well as the name and NAIC number of each individual insurer comprising the group. **The reports, or exemption forms must be filed by September 1, 1991.**

Mutual assessment insurers are exempt from all reporting requirements. All other insurers with 1990 written premiums combined totaling \$100,000 or less for "Other Liability" and "Medical Professional Liability" (lines 17 and 11 respectively of page 14 of the Annual Statement) are exempt from the data reporting requirements. Insurers claiming the premium volume exemption should refer to Exhibit 1 for instructions on completing the exemption form (Exhibit 2).

Administrative Letter 1991-2  
January 29, 1991  
Page 2

Insurers shall report data in the detail prescribed by the report formats. If some information is not available, insurers should estimate appropriate figures to complete the report forms. Any insurer that is experiencing difficulty in completing typed reporting form numbers VCR1, VCR2, VCR3, VCR4, VCR5, and VCR6 may reproduce these forms, enlarging the size of the page but not changing the layout or format, in order to insure readability.

The market definitions provided in Exhibit 3 are to be used as a guide in defining specific markets which are required to be reported. Insurers should also report the required information for policies written under any comparable classification in use by the individual insurer.

Insurers who are members or subscribers of Insurance Services Office (ISO) should contact their liaison officer for assistance regarding the computerized transmission of data. Other insurers not affiliated with ISO should write to the Property and Casualty Division of the Bureau of Insurance requesting assistance.

Should you have any questions, please direct them to:

Eric C. Lowe  
Insurance Market Examiner  
Bureau of Insurance  
P. O. Box 1157  
Richmond, Virginia 23209  
Telephone: (804) 786-1628

Virginia Code Section 38.2-218 provides that any person who knowingly or willfully violates any provision of the insurance laws shall be punished for each violation by a penalty of not more than \$5,000. Failure to file a substantially complete and accurate liability claims report by the due date may be considered a willful violation and subject to an appropriate penalty.

Sincerely,



Steven T. Foster  
Commissioner of Insurance

STF:krm

Attachments

**EXHIBIT 1**  
**GENERAL LIABILITY CLAIMS REPORTING**  
**COMPLETION INSTRUCTIONS AND DEFINITIONS**

The following outline will assist insurers in properly completing the claims reports. Determine the applicable individual reporting method and follow the instructions for that section only. Insurers should review the definitions section at the end of this exhibit for further completion instructions.

Reports for all insurers regardless of reporting method must include the complete verbal name and NAIC number of each individual insurer. Group name and number are required if the reports are on a group basis. Be sure to list all insurers within the group.

Reports must be filed by September 1, 1991.

Determine the applicable reporting method and refer to the following specific instructions for that method.

**I. EXEMPT INSURERS:**

- A. If the insurer had no written premium in 1990 for Line 17 - Other Liability and Line 11 - Medical Professional Liability as reported on page 14 of the annual statement, then only Exhibit 2 of this Administrative Letter must be filed. Please indicate in the "Zero Premium" column A of Exhibit 2 all of the lines with no written premiums.
- B. If the insurer had a combined written premium in 1990 totaling \$100,000 or less for line 17 - Other Liability and Line 11 - Medical Professional as reported on page 14 of the annual statement, file only Exhibit 2. Indicate those lines with written premiums and those lines with no written premiums by checking the appropriate Column of Exhibit 2.
- C. Mutual Assessment insurers are exempt from the data reporting requirements and no further action regarding this Administrative Letter is required.

NOTE: Insurers exempted under A or B above must file Exhibit 2 by September 1, 1991 to record the exemption from the data reporting requirements.

**II. INSURERS USING ISO MAGNETIC TAPE REPORTING SERVICES:**

- A. The ISO Liaison Officer will be the insurers contact for the procurement of these services.

- B. Tapes submitted from ISO must be clearly labeled with the names and NAIC numbers of all of the insurers for which data is included on the tape. This label must be attached to the tape reel.
- C. Any corrections to the tape data submitted must be made on the ISO paper reports that accompany the tapes. All reports with corrections made must be clearly noted in red ink on the first page of the corrected report.
- D. Complete Exhibit 2 to indicate those market definitions with no written premiums in 1990. All other market definitions should be reported by ISO on the tape.
- E. The tape, Exhibit 2, and the corrected paper reports, if any, must be filed by September 1, 1991. Failure to submit by this date may subject the insurer to penalties as outlined in the Administrative Letter.

### III. INSURERS REPORTING ON DISKETTE

- A. A diskette containing the requested information will only be accepted from the insurer if Exhibit 4, request for file structure and layout, is submitted to Eric C. Lowe at the address shown in the Administrative Letter.
- B. Submission of diskettes not formatted in the requested file structure and layout will be returned, marked unaccepted.
- C. Deductible and non-deductible liability data should be combined within market definitions.
- D. Bodily Injury, Property Damage, and Medical payments should be combined within market definitions.
- E. Complete Exhibit 2 to indicate those market definitions with no written premiums in 1990.
- F. The diskette and Exhibit 2 must be filed by September 1, 1991. Failure to submit by this date may subject Insurers to penalties as outlined in the Administrative Letter.

### IV. INSURERS REPORTING ON PAPER (VCR1-6):

- A. Do not change the report layout or format. The form may be enlarged to ensure readability and to ease completion.

- B. Only one report should be submitted per market definition and per coverage type. Coverage types are shown on VCR1 (1/10/91) and market definitions are shown in Exhibit 3. **Do not combine markets or sublines and do not separate classifications within a market definition.**
- C. Deductible and non-deductible liability data should be combined within market definitions.
- D. Bodily Injury, Property Damage, and Medical payments should be combined within market definitions.
- E. Complete Exhibit 2 to indicate those market definitions with no written premiums in 1990.
- F. The reports and Exhibit 2 must be filed by September 1, 1991. Failure to submit by this date may subject Insurers to penalties as outlined in the Administrative Letter.

**VIRGINIA LIABILITY CLAIMS REPORT  
DEFINITIONS**

**Calendar Year Earned Premium**

Report premium that is earned during the Calendar year beginning January 1st and ending December 31st for each year.

**Incurred But Not Reported (IBNR) Loss and Allocated Loss Adjustment Expenses**

Report IBNR loss and allocated loss adjustment expense reserves segregated by year of accident or occurrence at annual intervals for each accident year. IBNR is the amount held in reserve for claims which have occurred, but have not yet been reported, plus the amount held in reserve for the deficiency (or redundancy) of known case reserves. It is the estimated ultimate incurred loss and allocated loss adjustment expenses for each accident year as of the particular evaluation date minus the incurred loss and allocated loss adjustment expenses for all reported accidents as of the particular evaluation date.

**Evaluation Dates**

Report data on a cumulative basis for the evaluation points indicated up to 108 months for IBNR (VCR6) and 114 months for all other (VCR 2-5) requested information.

**Market Definitions**

The attached Insurance Services Office (ISO) Commercial Statistical Plan (CSP) subline and classification codes are to be used as a guide in defining specific markets which are required to be reported. Insurers should also report the required premium and loss data written under any comparable classification in use by the individual insurer.

**Attorney's Fees**

Attorney's fees are all expenses billed by an attorney to the insurer including hourly billings, expert or other witnesses, stenographic, summons and copies of documents.

**EXHIBIT 2  
EXEMPTION REQUEST FORM**

**INSURER** \_\_\_\_\_

**NAIC #** \_\_\_\_\_

Check Column A when you had no written premium in 1990. Check Column B when you had 1990 written premiums of \$100,000, or less, for "Other Liability" and "Medical Professional Liability" combined (lines 17 and 11 respectively of page 14 of the Annual Statement).

|  | <u>Column A</u> | <u>Column B</u>        |
|--|-----------------|------------------------|
|  | Zero<br>Premium | Less Than<br>\$100,000 |
| C0001 OWNERS LANDLORDS AND TENANTS INCLUDING<br>STOREKEEPERS' LIABILITY  | _____           | _____                  |
| C0011 MANUFACTURERS AND CONTRACTORS<br>LIABILITY   | _____           | _____                  |
| C0022 PREMISES/OPERATIONS LIABILITY  | _____           | _____                  |
| C0023 LIQUOR LIABILITY   | _____           | _____                  |
| C0024 PROFESSIONAL LIABILITY OTHER<br>THAN MEDICAL AND LAWYERS   | _____           | _____                  |
| C0030 LAWYERS PROFESSIONAL LIABILITY   | _____           | _____                  |
| C0031 DIRECTORS AND OFFICERS LIABILITY   | _____           | _____                  |
| C0032 ENVIRONMENTAL IMPAIRMENT<br>LIABILITY  | _____           | _____                  |
| C0033 PRODUCTS AND COMPLETED OPERATIONS<br>LIABILITY   | _____           | _____                  |
| C0034 CONTRACTUAL LIABILITY  | _____           | _____                  |
| C0035 OWNERS AND CONTRACTORS PROTECTIVE<br>LIABILITY   | _____           | _____                  |
| C0036 COMMERCIAL UMBRELLA LIABILITY  | _____           | _____                  |
| C0037 MEDICAL PROFESSIONAL LIABILITY   | _____           | _____                  |
| C0099 ALL OTHER COMMERCIAL LIABILITY<br>NOT REPORTED IN ANY OF THE<br>ABOVE MARKETS INCLUDING COMPOSITE<br>RATED RISKS AND EXCESS INSURANCE<br>NOT INCLUDED IN C0036 | _____           | _____                  |

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EXHIBIT 3**

| <b>Market Number and Name</b>  | <b>Market Definitions<br/>Commercial Statistical Plan<br/>(CSP) Classes</b>   |
|--|---|
| C0001 OWNERS LANDLORDS AND TENANTS INCLUDING STOREKEEPERS' LIABILITY   | All Subline 314 Classes and 326 Classes   |
| C0011 MANUFACTURERS AND CONTRACTORS LIABILITY  | All Subline 313 Classes   |
| C0022 PREMISES/OPERATIONS LIABILITY  | All Subline 334 Classes   |
| C0023 LIQUOR LIABILITY   | All Subline 312 and 332 Classes   |
| C0024 PROFESSIONAL LIABILITY OTHER THAN MEDICAL AND LAWYERS  | All Subline 317 Classes   |
| C0030 LAWYERS PROFESSIONAL LIABILITY   | Subline 317 Classes 81220, 81113, 81330, 81114, 81400, and 81420.   |
| C0031 DIRECTORS AND OFFICERS LIABILITY   | 73140, 73144, 73145 (Subline 317)   |
| C0032 ENVIRONMENTAL IMPAIRMENT LIABILITY   | Subline 325 Class 90000, and Subline 350 Classes 90100, 90105, and 90110  |
| C0033 PRODUCTS AND COMPLETED OPERATIONS LIABILITY  | All Subline 316 and 336 Classes   |
| C0034 CONTRACTUAL LIABILITY  | All Subline 311 Classes and Vehicle Service Contracts   |
| C0035 OWNERS AND CONTRACTORS PROTECTIVE LIABILITY  | All Subline 315 and 335 Classes   |
| C0036 COMMERCIAL UMBRELLA LIABILITY  | 99935 (Subline 325)   |
| C0037 MEDICAL PROFESSIONAL LIABILITY   | All Subline 210, 220, 230, 240, 250, 260, 270 and 280 Classes   |
| C0099 ALL OTHER COMMERCIAL LIABILITY NOT REPORTED IN ANY OF THE ABOVE MARKETS INCLUDING COMPOSITE RATED RISKS AND EXCESS INSURANCE NOT INCLUDED IN C0036 | All Subline 325 Classes not reported above<br>All Subline 322, 323, 324, 342, 343 and 344 Classes<br>All Commercial General liability excess classes not including excess auto or excess WC |





**ANNUAL REPORT OF VIRGINIA COMMERCIAL LIABILITY CLAIMS  
AS REQUIRED BY SECTION 38.2-2228.1 OF THE CODE OF VIRGINIA**

Insurer: \_\_\_\_\_ COMPANY MAIC # \_\_\_\_\_  
(and if Group Report GROUP MAIC#) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Coverage Code

(Please check one only)

- 1.  Claims Made
- 2.  Claims Made Tail Coverage
- 3.  Occurrence
- 4.  Claims Made - No retroactive date
- 5.  Claims Made Tail - No retroactive data

This report is due September 1, 1991. For each market described in the attached, provide the information requested for the State of Virginia.

1. Market number and description (see Exhibit 3) \_\_\_\_\_  
(\$000 omitted)

|  | 1984  | 1985  | 1986  | 1987  | 1988  | 1989  | 6 months<br>1990 |
|--|-------|-------|-------|-------|-------|-------|------------------|
| 2. Calendar year earned premium.   | _____ | _____ | _____ | _____ | _____ | _____ | _____            |
| 3. Total amount of attorney's fees paid in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/90 on an accident year basis).                                     | _____ | _____ | _____ | _____ | _____ | _____ | XXX              |
| 4. Total amount of paid and outstanding unallocated loss adjustment expense in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/90 on an accident year basis). | _____ | _____ | _____ | _____ | _____ | _____ | XXX              |

2. Calendar year earned premium. \_\_\_\_\_

3. Total amount of attorney's fees paid in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/90 on an accident year basis). \_\_\_\_\_

4. Total amount of paid and outstanding unallocated loss adjustment expense in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/90 on an accident year basis). \_\_\_\_\_

5. Signed: \_\_\_\_\_ 6. Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

VIRGINIA LIABILITY CLAIMS REPORT

Coverage

Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer  
NAIC # or GROUP # \_\_\_\_\_

7. Market \_\_\_\_\_  
(from #1 on VCR1)

8. For accident years beginning with 1981, list the cumulative paid loss and allocated loss adjustment expense at the various points in time.

PAID LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

(\$000 Omitted)

| Accident Year | 6 Mos | 12 | 15 | 18 | 21 | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |
|---------------|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1981          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1982          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1983          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1984          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1985          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1986          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1987          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1988          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1989          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1990          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 105 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1990          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT

Coverage Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer  
NAIC # or GROUP # \_\_\_\_\_

Market \_\_\_\_\_  
(from #1 on VCR1)

9. For accident years beginning with 1981, list the case outstanding loss and allocated loss adjustment expense (excluding IBNR) at the various points in time.

CASE OUTSTANDING LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

(\$000 Omitted)

| Accident Year | 6 Mos | 12 | 15 | 18 | 21 | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |
|---------------|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1981          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1982          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1983          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1984          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1985          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1986          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1987          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1988          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1989          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1990          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 105 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1990          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT

Coverage Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer \_\_\_\_\_  
 NAIC # or GROUP # \_\_\_\_\_

10. Market \_\_\_\_\_  
 (from #1 on VCR1)

11. For accident years beginning with 1981, list the cumulative incurred loss and allocated loss adjustment expense (excluding IBNR) at the various points in time.  
 (sum of 8 and 9).

INCURRED LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

| Accident Year | 6 Mos           | 12 | 15 | 18 | 21 | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48  | 51  | 54  | 57  | 60  |
|---------------|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|
|               | (\$000 Omitted) |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1981          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1982          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1983          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1984          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1985          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1986          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1987          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1988          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1989          | XXX             |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1990          |                 |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| Accident Year | 63              | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 105 | 108 | 111 | 114 |

VIRGINIA LIABILITY CLAIMS REPORT

Insurer \_\_\_\_\_  
 MAIC # or GROUP # \_\_\_\_\_  
 Market \_\_\_\_\_  
 (from #1 on VCR1)

Coverage Code  
 (Please check one only)  
 1. ( ) Claims Made  
 2. ( ) Claims Made Tail Coverage  
 3. ( ) Occurrence  
 4. ( ) Claims Made - No retroactive date  
 5. ( ) Claims Made Tail - No retroactive data

12. For accident years beginning with 1981, list the cumulative number of incurred claims at the various points in time.

ACTUAL NUMBER OF INCURRED CLAIMS AS OF:

| Accident Year | 6 Mos | 12 | 15 | 18 | 21 | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |
|---------------|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1981          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1982          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1983          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1984          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1985          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1986          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1987          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1988          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1989          | XXX   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1990          |       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 105 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |
| 1990          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT

Coverage Code

(Please check one only)

- 1.  Claims Made
- 2.  Claims Made Tail Coverage
- 3.  Occurrence
- 4.  Claims Made - No retroactive date
- 5.  Claims Made Tail - No retroactive data

Insurer \_\_\_\_\_  
 NAIC # or GROUP # \_\_\_\_\_

13. Market \_\_\_\_\_  
 (from #1 on VCR1)

14. For accident years beginning with 1981, list the IBNR for loss and allocated loss adjustment expense for each evaluation.

INCURRED BUT NOT REPORTED (IBNR) LOSS AND ALLOCATED:  
 LOSS ADJUSTMENT EXPENSE EVALUATED AS OF:

(\$000 Omitted)

| Accident Year | 12 Mos | 24 | 36 | 48 | 60 | 72 | 84 | 96 | 108 |
|---------------|--------|----|----|----|----|----|----|----|-----|
| 1981          |        |    |    |    |    |    |    |    |     |
| 1982          |        |    |    |    |    |    |    |    |     |
| 1983          |        |    |    |    |    |    |    |    |     |
| 1984          |        |    |    |    |    |    |    |    |     |
| 1985          |        |    |    |    |    |    |    |    |     |
| 1986          |        |    |    |    |    |    |    |    |     |
| 1987          |        |    |    |    |    |    |    |    |     |
| 1988          |        |    |    |    |    |    |    |    |     |
| 1989          |        |    |    |    |    |    |    |    |     |
| 1990          |        |    |    |    |    |    |    |    |     |