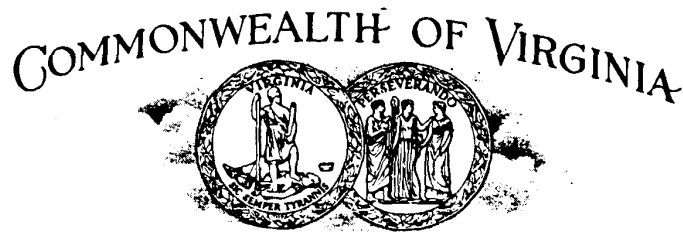


STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE



BOX 1157  
RICHMOND, VIRGINIA 23209  
TELEPHONE: (804) 371-9741  
TDD/VOICE: (804) 371-9206

STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE

February 17, 1994

Administrative Letter  
1994-2

**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, 1994**

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 and reporting forms that insurers should utilize to meet the data reporting requirements of the Code.

A separate report must be submitted 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 a group of insurers under common ownership or control. A combined report must indicate that it is a group report and must include the group name and Group 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, 1994.**

Mutual assessment insurers are exempt from all reporting requirements. Other insurers with 1993 written premiums for "Other Liability", "Products Liability" and "Medical Professional Liability" (lines 17, 18, and 11 respectively of page 14 of the Annual Statement) **combined totaling \$100,000 or less** 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).

Insurers not exempted by the paragraph above 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.

Administrative Letter 1994-2  
February 17, 1994  
Page 2

Insurance Services Office (ISO) members or subscribers should contact their liaison officer for assistance regarding the computerized transmission of data.

Should you have any questions, please direct them to:

Eric C. Lowe  
Insurance Market Examiner  
Property and Casualty Division  
State Corporation Commission  
Bureau of Insurance  
1300 E. Main Street  
Richmond, VA 23219  
(804) 371-9628

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 may subject the insurer to an appropriate penalty.

Sincerely,



Steven T. Foster  
Commissioner of Insurance

STF:ecl

Attachments

**EXHIBIT 1  
GENERAL LIABILITY CLAIMS REPORT  
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. The 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, 1994.**

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 1993 for Line 18 - Products Liability, 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 1993 totaling \$100,000 or less for Line 17 - Other Liability, Line 18 - Products 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 response to this Administrative Letter is required.

NOTE: Insurers exempted under A or B above must file Exhibit 2 by September 1, 1994, 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 insurer's 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 1993. 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, 1994. Failure to submit by this date may subject the insurer to penalties as outlined in the Administrative Letter.

### III. 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. An example of the proper method of completing the triangles and correct valuation dates is provided with the VCR forms.
- B. Only one report should be submitted per market definition and per coverage code. Coverage codes are shown on VCR1 (1/94) 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 data should be combined within market definitions.
- E. Complete Exhibit 2 to indicate those market definitions with no written premiums in 1993.
- F. The reports and Exhibit 2 must be filed by September 1, 1994. Failure to submit by this date may subject insurers to penalties as outlined in the Administrative Letter.

### IV. REPORTING ON DISKETTE PROHIBITED

- A. Information will **not** be accepted on computer diskette from any insurer for the 1994 reports.

## **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 valuation points indicated up to 108 months for IBNR (VCR6) and 114 months for all other (VCR 2-5) requested information. The Data should be evaluated through June 30, 1993, for all data items unless otherwise specified in the question.

### **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 1993. Check Column B when you had 1993 written premiums of \$100,000, or less, for "Other Liability", "Medical Professional Liability", and "Products Liability" combined (lines 17, 18, and 11 respectively of page 14 of the Annual Statement).

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

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

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

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

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

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

### EXHIBIT 3

#### Market Definitions

<b>Market Number and Name</b>	<b>Commercial Statistical Plan (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 All Subline 322, 323, 324, 342, 343 and 344 Classes All Commercial General liability excess classes not including excess auto or excess WC

# 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 1984, list the cumulative paid loss and allocated loss adjustment expense at the various points in time.

## Example For the Completion of the Triangles, Showing the Required Valuation Dates for the Requested Data Evaluated Through 6-30-93

This example should be used as a guide for VCR2-VCR4, and for VCR5 without omitting 000's  
 (\$000 Omitted)

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1984	XXX	12-84	3-85	6-85	9-85	12-85	3-86	6-86	9-86	12-86	3-87	6-87	9-87	12-87	3-88	6-88	9-88	12-88
1985	XXX	12-85	3-86	6-86	9-86	12-86	3-87	6-87	9-87	12-87	3-88	6-88	9-88	12-88	3-89	6-89	9-89	12-89
1986	XXX	12-86	3-87	6-87	9-87	12-87	3-88	6-88	9-88	12-88	3-89	6-89	9-89	12-89	3-90	6-90	9-90	12-90
1987	XXX	12-87	3-88	6-88	9-88	12-88	3-89	6-89	9-89	12-89	3-90	6-90	9-90	12-90	3-91	6-91	9-91	12-91
1988	XXX	12-88	3-89	6-89	9-89	12-89	3-90	6-90	9-90	12-90	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92
1989	XXX	12-89	3-90	6-90	9-90	12-90	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92	3-93	6-93		
1990	XXX	12-90	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92	3-93							
1991	XXX	12-91	3-92	6-92	9-92	12-92	3-93	6-93										
1992	XXX	12-92	3-93	6-93														
1993	6-93																	

Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
1984	3-89	6-89	9-89	12-89	3-90	6-90	9-90	12-90	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92	3-93	6-93
1985	3-90	6-90	9-90	12-90	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92	3-93					
1986	3-91	6-91	9-91	12-91	3-92	6-92	9-92	12-92	3-93	6-93								
1987	3-92	6-92	9-92	12-92	3-93	6-93												
1988	3-93	6-93																
1989																		
1990																		
1991																		
1992																		
1993																		

EXAMPLE VCR2-5

DO NOT PUT NUMBERS IN THE SHADED AREAS



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

Insurer: \_\_\_\_\_

COMPANY NAIC # \_\_\_\_\_  
(and if Group Report GROUP NAIC#) \_\_\_\_\_

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

Coverage  
Code

(Please check one only)

This report is due September 1, 1994. 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)

	1987	1988	1989	1990	1991	1992	1993	6 months
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 3/31/93 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 3/31/93 on an accident year basis).	_____	_____	_____	_____	_____	_____	_____	XXX

5. Signed: \_\_\_\_\_

6. Title: \_\_\_\_\_

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

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

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

## VIRGINIA LIABILITY CLAIMS REPORT

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

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

8. For accident years beginning with 1984, list the cumulative paid loss and allocated loss adjustment expense at the various points in time.

### PAID LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED THROUGH 6-30-93:

(\$000 Omitted)

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991	XXX																	
1992	XXX																	
1993	XXX																	

Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
1984																		
1985																		
1986																		
1987																		
1988																		
1989																		
1990																		
1991																		
1992																		
1993																		

VCR2(1/94)

**DO NOT PUT NUMBERS IN THE SHADED AREAS**

# VIRGINIA LIABILITY CLAIMS REPORT

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

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

- 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 date

9. For accident years beginning with 1984, 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 THROUGH 6-30-93:

(\$000 Omitted)

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991	XXX																	
1992	XXX																	
1993	XXX																	

Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
1984																		
1985																		
1986																		
1987																		
1988																		
1989																		
1990																		
1991																		
1992																		
1993																		

VCRI(1/94)

**DO NOT PUT NUMBERS IN THE SHADED AREAS**

# VIRGINIA LIABILITY CLAIMS REPORT

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

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

- 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 date

11. For accident years beginning with 1984, 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 THROUGH 6-30-93:**

(\$000 Omitted)

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991	XXX																	
1992	XXX																	
1993	XXX																	

Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
1984																		
1985																		
1986																		
1987																		
1988																		
1989																		
1990																		
1991																		
1992																		
1993																		

VCRA(1/94)

**DO NOT PUT NUMBERS IN THE SHADED AREAS**

# VIRGINIA LIABILITY CLAIMS REPORT

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

Market \_\_\_\_\_  
 (from #1 on VCRI1)

- 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 date

12. For accident years beginning with 1984, list the cumulative number of incurred claims at the various points in time.

## ACTUAL NUMBER OF INCURRED CLAIMS THROUGH 6-30-93:

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991	XXX																	
1992	XXX																	
1993	XXX																	

Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
1984																		
1985																		
1986																		
1987																		
1988																		
1989																		
1990																		
1991																		
1992																		
1993																		

VCRS(1/94)

DO NOT PUT NUMBERS IN THE SHADED AREAS

## 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 date

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

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

14. For accident years beginning with 1984, 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 THROUGH 12-30-92:**

(\$000 Omitted)

Accident Year	12	24	36	48	60	72	84	96	108
1984									
1985									
1986									
1987									
1988									
1989									
1990									
1991									
1992									
1993									

DO NOT PUT NUMBERS IN THE SHADED AREAS