

Florida Office of Insurance Regulation

Professional Liability Claims Reporting (PLCR)

If you have any questions during your submission process, please contact

PLCR_Inquiries@flor.gov

Overview

Section 627.912(1)(d), Florida Statute- After any calendar year in which no claim or action for damages was closed, the entity shall file a no claim submission report. Such report shall be filed with the office no later than April 1 of each calendar year for the immediately preceding calendar year.

Section 627.912(1)(b), Florida Statute - the term "claim" means the receipt of a notice of intent to initiate litigation, a summons and complaint, or a written demand from a person or his or her legal representative stating an intention to pursue an action for damages against a person described in paragraph (a).

Section 627.912(1)(c), Florida Statute - The duty to report specified in paragraph (a) arises upon the occurrence of the first of:

1. The entry of any judgment against any provider identified in paragraph (a) for which all appeals as a matter of right have been exhausted or for which the time period for filing such an appeal has expired.
2. The execution of an agreement between a provider identified in paragraph (a) or an entity required to report under that paragraph and a claimant to settle damages purported to arise from the provision of professional services, which agreement includes the indemnity payment of at least \$1; however, if any applicable law requires any such agreement to be approved by the court, the duty arises when the agreement is approved.
3. The final payment of any indemnity money by any of the entities required to report under paragraph (a) on behalf of any provider identified in that paragraph for damages purported to arise from professional services rendered; or
4. The final disposition of a claim for which no indemnity payment was made on behalf of the insured but for which loss adjustment expenses were paid in excess of \$5,000. As used in this subparagraph, the term "final disposition" means the insurer has brought down all reserves and closed its file.

Section 627.9122 (1), Florida Statutes - Each insurer providing coverage for officers' and directors' liability coverage shall report to the office any claim or action for damages claimed to have been caused by error, omission, or negligence in the performance of the officer's or director's services, if the claim resulted in:

- (a) A final judgment in any amount.
- (b) A settlement in any amount.
- (c) A final disposition not resulting in payment on behalf of the insured.

Reports shall be filed with the office no later than 60 days following the occurrence of any event listed in paragraph (a), paragraph (b), or paragraph (c).

Required Filers and General Reporting Definitions

Pursuant to Florida Statute 627.912(1)(a), each medical malpractice self-insurance authorized by Florida Statute 627.357, each commercial self-insurance fund authorized by Florida Statute 624.462, authorized insurer, surplus lines insurer, risk retention group and joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, or to an ambulatory surgical center as defined in s. 395.002, and each insurer providing professional liability insurance to a member of The Florida Bar shall report to the office as set forth in paragraph (c) any written claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent.

Entities authorized to transact business in the following:

- | | |
|-------------------------------------|------------------------------------|
| a. Commercial multi-peril | e. Commercial Automobile Liability |
| b. Medical malpractice | f. Surplus Lines |
| c. Other Liability | g. Property & Casualty |
| d. Private Passenger Auto Liability | |

Florida Office of Insurance Regulation

Professional Liability Claims Reporting (PLCR)

Instructions for Professional Liability Claims Reporting No Data Submission

Pages 4-9

Instructions for Professional Liability Claims Reporting New Closed Claims

Pages 10-19

PROFESSIONAL LIABILITY CLAIMS REPORTING

NO DATA SUBMISSION

**If you need any assistance during the filing process, please contact
the Office at:**

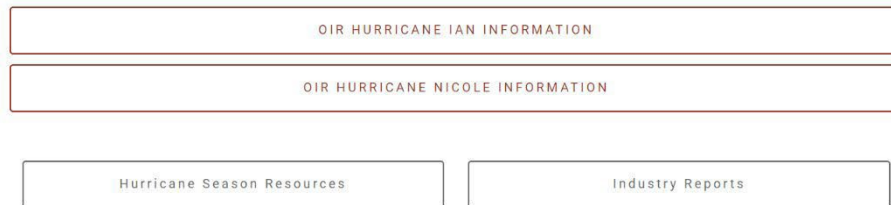
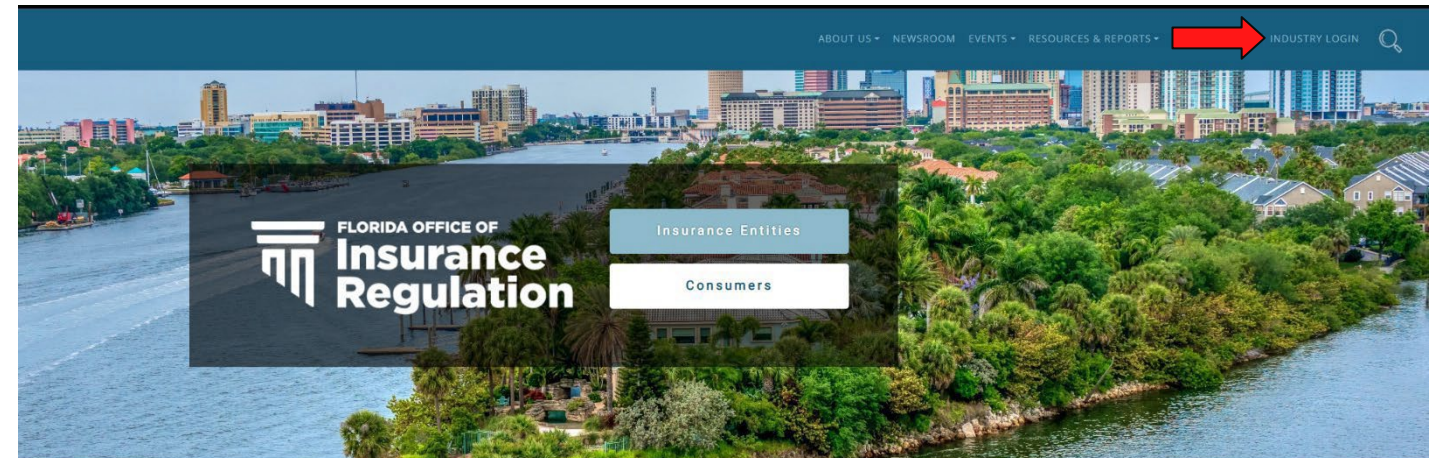
PLCR_Inquiries@flor.gov



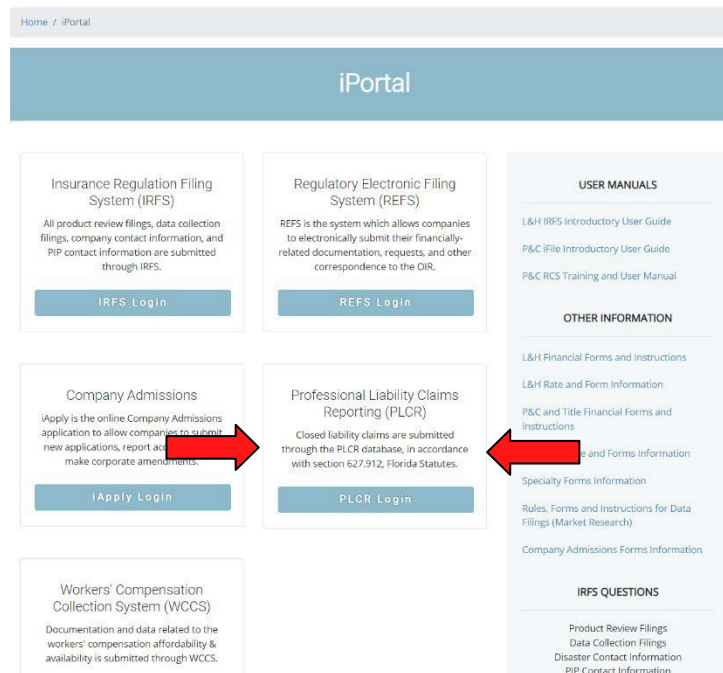
PROFESSIONAL LIABILITY CLAIMS REPORTING SYSTEM (PLCR)

NO DATA SUBMISSION

PLCR allows medical malpractice self-insurers, commercial self-insurers, authorized insurers, surplus lines insurers, risk retention groups and joint underwriting association which had no directors and officers liability, lawyers professional liability and medical professional liability closed claims in the preceding calendar year to submit a no data submission report. The system can be accessed from the Office of Insurance Regulation homepage at www.floir.gov.



\$189B 4,630 3.1% 203,907



If you have an account, the first step will be to login with your username and password. Skip to **page 7**.

If you do not have an account, the first step will be to **Create Account**.

After creating the account, an email will be submitted to the email address provided. Follow the instructions in the email to activate the account.

After logging in the Professional Liability Claims Reporting – Workbench screen will appear.

0:14:55

Workbench (+) New Closed Claim (📄) Review Closed Claim Submissions (📄) **(📄) New No Data Submission** (📄) Review No Data Submissions (⚙️) Set Up (👤) My Account (?) ⌚

WORKBENCH
Below is a list of closed claims

Claim Number Insurer Name Insurer Type Form Type Form Status Occurrence Date

No Closed Claims

15 items per page

No items to display

Workbench (+) New Closed Claim (📄) Review Closed Claim Submissions (📄) **(📄) New No Data Submission** (📄) Review No Data Submissions (⚙️) Set Up (👤) My Account (?) ⌚

Workbench

0:14:52

Workbench (+) New Closed Claim (📄) Review Closed Claim Submissions (📄) (📄) New No Data Submission (📄) Review No Data Submissions (⚙️) Set Up (👤) My Account (?) ⌚

NO DATA SUBMISSION WIZARD
Complete the steps below to create a no data submission

Instructions Claim Type Insurer Type Select Insurer Contact Info Summary

Important Information:
This submission type is used for insurers that are otherwise eligible but had **no claims data** to report to the Florida Office of Insurance Regulation during the reporting period.
Note: If you have claims data in the state of Florida during the reporting period, do not submit this report. Instead, use the "Normal" submission type that includes the required closed claims for all claims information.

Next →

0:14:52

Workbench (+) New Closed Claim (📄) Review Closed Claim Submissions (📄) (📄) New No Data Submission (📄) Review No Data Submissions (⚙️) Set Up (👤) My Account (?) ⌚

NO DATA SUBMISSION WIZARD
Complete the steps below to create a no data submission

Instructions **Claim Type** Insurer Type Select Insurer Contact Info Summary

By selecting this option, you affirm that you have no Medical Professional Liability, Directors & Officers Professional Liability, or Legal Professional Liability closed claims to report for the previous calendar year.

Select the claim type:

☒ Closed Claims
By selecting this option, you affirm that you have no Medical Professional Liability, Directors & Officers Professional Liability, or Legal Professional Liability closed claims to report for the previous calendar year.

☐ Surplus Lines Claim
By selecting this option, you affirm that you have no Medical Professional Liability, or Legal Professional Liability Surplus Lines claims to report for the previous calendar year.

Next →

Select the insurer type:

0:14:50

Workbench (+) New Closed Claim (📄) Review Closed Claim Submissions (📄) (📄) New No Data Submission (📄) Review No Data Submissions (⚙️) Set Up (👤) My Account (?) ⌚

NO DATA SUBMISSION WIZARD
Complete the steps below to create a no data submission

Instructions Claim Type **Insurer Type** Select Insurer Contact Info Summary

Each claim must be associated with an insurer. Closed claims can be submitted by OIR licensed insurers and self-insured entities. Select the type of insurer. Click "Next" to continue.

Select the insurer type:

☐ OIR Licensed Insurer

☐ Self-Insurer

Next →

Select the appropriate category from the drop-down menu. If the insurer does not appear in the drop-down menu, select the blue **“here”** link to add the insurer.

0:14:51

Workbench

New Closed Claim

Review Closed Claim Submissions

New No Data Submission

Review No Data Submissions

Set Up

My Account

NO DATA SUBMISSION WIZARD

Complete the steps below to create a no data submission

Workbench / Create No Data Submission

Instructions

Claim Type

Insurer Type

Select Insurer

Contact Info

Summary

To choose an insurer, click on an item in the list below. You must have already setup at least one insurer in the Setup to continue. If the insurer you wish to use does not display below, click [here](#) to exit the "No Data" submission wizard and setup the insurer in the Setup. Click "Next" to continue.

Licensed Insurer:

Select an insurer...

Next

Select the appropriate tab and search for the **Insurer Name** or **Self-Insured Entity**. Once the insurer has been added, return to **New No Data Submission** to continue. *Skip this step if the insurer appears in the drop-down.*

0:14:49

Workbench

New Closed Claim

Review Closed Claim Submissions

New No Data Submission

Review No Data Submissions

Set Up

My Account

SETUP

Below is a list of setup tools

Workbench / Setup

OIR Licensed Insurer

Self-Insured Entity

Contact Information

Search

Search Type

Anywhere

Starts With

Insurer Name:

FEIN:

NAIC Company Code:

Search

Cancel

Results

	Company Name	FEIN	NAIC Company Code
No results			

Add Selected Companies (0)

OIR Licensed Insurer

	Company Name	FEIN	NAIC Company Code	Status
	AIG PROPERTY CASUALTY COMPANY	251118791	19402	Active

Remove Selected Insurers (0)

Enter the Contact Information. Select the blue **“Use Account Information”** link to automatically populate the account information or enter different information as needed. Once complete, click **Next**.

0:14:52

Workbench

New Closed Claim

Review Closed Claim Submissions

New No Data Submission

Review No Data Submissions

Set Up

My Account

NO DATA SUBMISSION WIZARD

Complete the steps below to create a no data submission

Workbench / Create No Data Submission

Instructions

Claim Type

Insurer Type

Select Insurer

Contact Info

Summary

Use this page to enter the Contact Information. Click “Use account information” to populate these fields with the information you entered when you initially set up your PLCR account. Click “Save” to save your changes.

First Name *

Middle Initial

Last Name *

Address *

City *

State *

Select...

Zip Code *

Phone *

Extension

Email *

Use Account Information

Next

0:14:51

Workbench

New Closed Claim

Review Closed Claim Submissions

New No Data Submission

Review No Data Submissions

Set Up

My Account

NO DATA SUBMISSION WIZARD

Complete the steps below to create a no data submission

Workbench / Create No Data Submission

Instructions

Claim Type

Insurer Type

Select Insurer

Contact Info

Summary

Submission Summary

Claim Type:

Closed Claim

Insurer Type:

DIR Licensed Insurer

Insurer Name:

Contact Name:

Contact Email:

Contact Phone:

Certification

☐ I certify that I am authorized to make this professional liability report on behalf of the company(s) referenced herein. I further certify that the information contained in related transmittals and the filing is true, complete, correct and, to the best of my knowledge, in compliance with all applicable Florida laws and administrative rules.

Name *

Title *

Submit No Data Submission

9

PROFESSIONAL LIABILITY CLAIMS REPORTING DATA SUBMISSION

**If you need any assistance during the filing process, please contact
the Office at:**

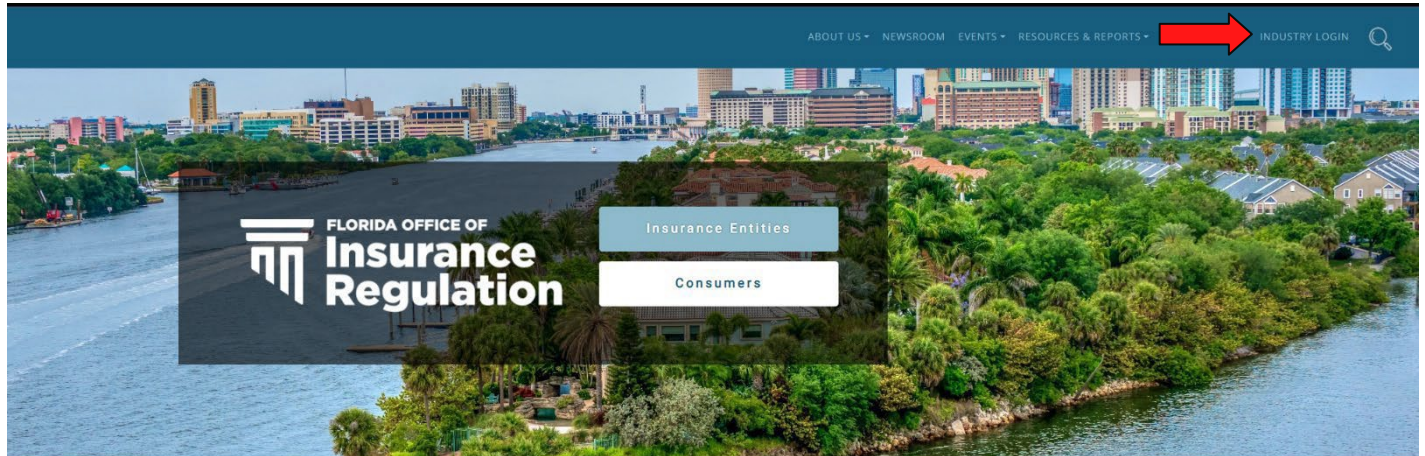
PLCR_Inquiries@flor.gov



PROFESSIONAL LIABILITY CLAIMS REPORTING SYSTEM (PLCR)

NEW CLOSED CLAIM SUBMISSION

PLCR allows insurers and/or self-insured medical facilities doing business in the state of Florida to electronically submit closed claims information to the Florida Office of Insurance Regulation. Insurers using PLCR can prepare and submit Directors & Officers Liability (D&O), Lawyers Professional Liability (LPL), and Medical Professional Liability (MPL) closed claims. The system can be accessed from the Office of Insurance Regulation homepage at www.floir.gov.

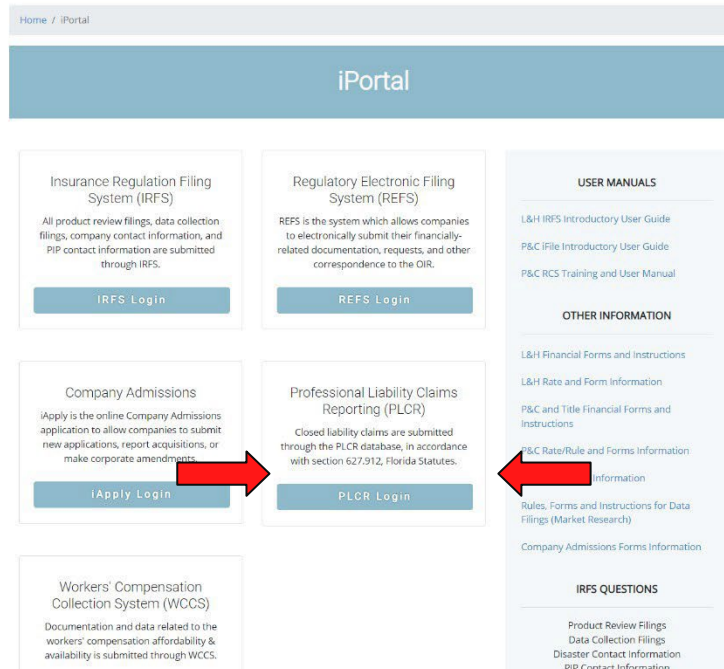


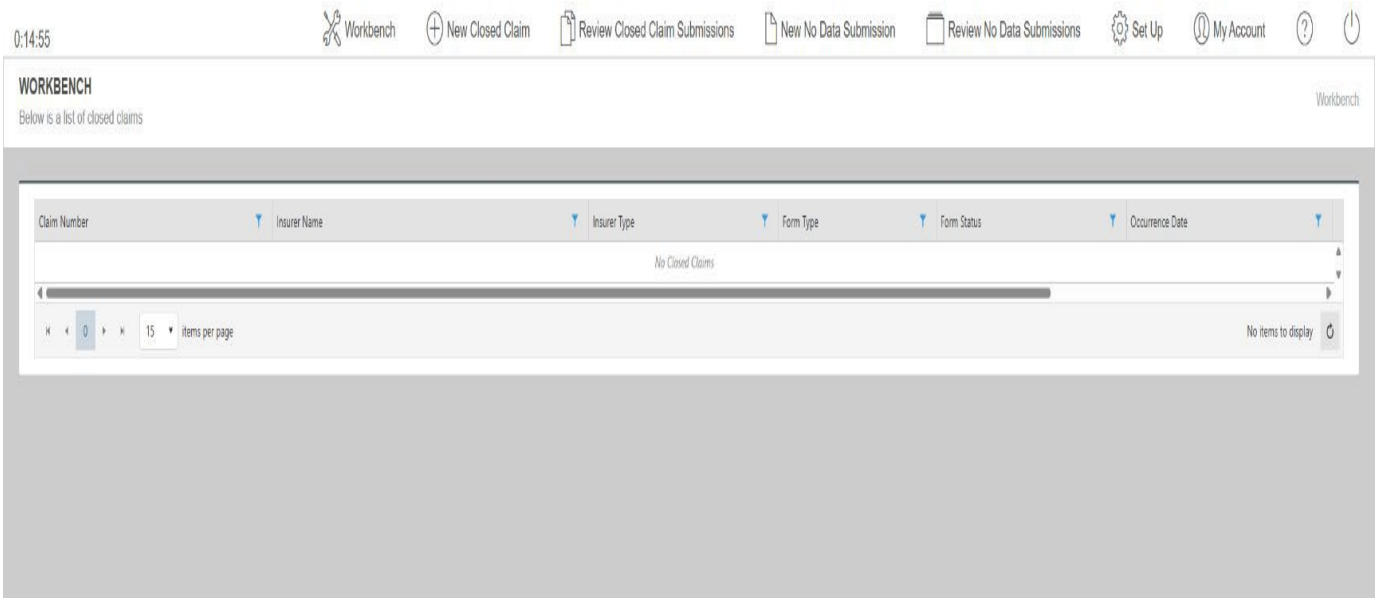
\$189B

4,630

3.1%

203,907





If you have an account, the first step will be to login with your username and password. Skip to [page 20](#).

If you do not have an account, the first step will be to [Create Account](#).

Provide the requested information below, and select Create at the bottom of the page.
* = required information

Password requirements:

- Must be different than previous 10 passwords
- At least 12 characters and 3 of the following:
 - English lowercase characters (a-z)
 - English UPPERCASE characters (A-Z)
 - Base 10 digits (0-9)
 - Non-alphanumeric special characters (e.g. \$! # %)

Email Address* (This will be your username)
example@email.com

Password* Show Confirm Password* Show

Salutation First Name* Middle Last Name*

Position/Title Department

Phone Number* Phone Ext Toll Free Number Fax Number

Address Line 1*

Address Line 2

Country* UNITED STATES

City* State*

Postal/Zip Code*

BotDetect CAPTCHA ASP.NET Form Validation

After creating the account, an email will be submitted to the email address provided. Follow the instructions in the email to activate the account.

After logging in the Professional Liability Claims Reporting – Workbench screen will appear.

0:14:55

Workbench  New Closed Claim  Review Closed Claim Submissions  New No Data Submission  Review No Data Submissions  Set Up  My Account  

WORKBENCH
Below is a list of closed claims

Claim Number Insurer Name Insurer Type Form Type Form Status Occurrence Date

No Closed Claims

15 items per page

No items to display

Workbench  New Closed Claim  Review Closed Claim Submissions  New No Data Submission  Review No Data Submissions  Set Up  My Account  

Workbench

0:14:55

Workbench  New Closed Claim  Review Closed Claim Submissions  New No Data Submission  Review No Data Submissions  Set Up  My Account  

CREATE CLOSED CLAIM WIZARD
Complete the steps below to create a closed claim

Instructions Closed Form Insurer Type Select Insurer Coverage Type Claim Details Summary

Important Information:
These tabs allow you to create a new closed claim. You will be allowed to enter all the data pertaining to a given claim. Once complete, you can review the data before submitting it to the Office of Insurance Regulation.



CREATE CLOSED CLAIM WIZARD
Complete the steps below to create a closed claim

Instructions **Closed Form** Insurer Type Select Insurer Coverage Type Claim Details Summary

Select the type of professional liability claim you wish to report. Each type has specific reporting requirements.

Select the closed form type:

- ☐ **Medical Professional Liability (MPL)**
The Medical Professional Liability (MPL) Form must be submitted by self-insured medical facilities, insurers providing coverage for such facilities, or insurers providing coverage for individual practitioners for any claim resulting from error, omission, or negligence in the performance of the insured.
- ☐ **Legal Professional Liability (LPL)**
The Lawyers Professional Liability (LPL) Form must be submitted by insurers providing coverage for members of the Florida Bar for any claim resulting from error, omission, or negligence in the performance of the insured.
- ☐ **Directors & Officers Liability (D&O)**
The Directors & Officers (DNO) Liability Form must be submitted by insurers providing coverage for officers' and directors' liability for any claim resulting from error, omission, or negligence in the performance of the insured officer's or director's services.



Select the appropriate category from the drop-down menu. If the insurer does not appear in the drop-down menu, select "Set Up" to add the insurer.

CREATE CLOSED CLAIM WIZARD
Complete the steps below to create a closed claim

Instructions Closed Form **Insurer Type** Select Insurer Coverage Type Claim Details Summary

Each claim must be associated with an insurer. Closed claims can be submitted by OIR licensed insurers and self-insured entities. Select the type of insurer. Click "Next" to continue.

Select the insurer type:

- ☐ **OIR Licensed Insurer**
An entity licensed by the Office of Insurance Regulation under Chapter 624, 626, 627, 628, 629 or Chapter 641 of the Florida Statutes.
- ☐ **Self-Insurer**
An individual or entity not licensed by OIR that carries insurance on itself.



CREATE CLOSED CLAIM WIZARD

Complete the steps below to create a closed claim

Workbench / Create Closed Claim

Instructions Closed Form **Insurer Type** Select Insurer Coverage Type Claim Details Summary

Each claim must be associated with an insurer. Closed claims can be submitted by OIR licensed insurers and self-insured entities. Select the type of insurer. Click "Next" to continue.

Select the insurer type:

☐ OIR Licensed Insurer

An entity licensed by the Office of Insurance Regulation under Chapter 624, 626, 627, 628, 629 or Chapter 641 of the Florida Statutes.

☐ Self-Insurer

An individual or entity not licensed by OIR that carries insurance on itself.

← Previous

Next →

Select the appropriate tab and search for the **Insurer Name** or **Self-Insured Entity**. Once the insurer has been added, return to **New Closed Claim** to continue. *Skip this step if the insurer appears in the drop-down.*

SETUP

Below is a list of setup tools

Workbench / Setup

OIR Licensed Insurer Self-Insured Entity Contact Information

Search

Search Type

☒ Anywhere ☐ Starts With

Insurer Name:

FEIN:

NAIC Company Code:

Search

Cancel

Results

☐	Company Name	FEIN	NAIC Company Code
No results			

Add Selected Companies (0)

OIR Licensed Insurer

☐	Company Name	FEIN	NAIC Company Code	Status
☐	AIG PROPERTY CASUALTY COMPANY	251118791	19403	Active

Remove Selected Insurers (0)

CREATE CLOSED CLAIM WIZARD

Complete the steps below to create a closed claim

Workbench / Create Closed Claim

Instructions Closed Form Insurer Type **Select Insurer** Coverage Type Claim Details Summary

To choose an insurer, click on an item in the list below. You must have already setup at least one insurer in the Setup to continue. If the insurer you wish to use does not display below, exit the closed claim wizard and setup the insurer in Setup. Click "Next" to continue.

Licensed Insurer:

Next →

Instructions
Closed Form
Insurer Type
Select Insurer
Coverage Type
Claim Details
Summary

Select whether this claim is covered under a primary or excess policy. Primary policies provide the first layer of coverage, while excess policies provide additional coverage above the primary limits.

Select the coverage type:

☐ **Primary**
An insurer that insures up to the standard limit of coverage.

☐ **Excess**
An insurer that has a limit of coverage above a primary insurer's limit of coverage.


Next

CREATE CLOSED CLAIM WIZARD

Complete the steps below to create a closed claim

[Workbench](#) / [Create Closed Claim](#)

Instructions
Closed Form
Insurer Type
Select Insurer
Coverage Type
Claim Details
Summary

Enter the claim number and optionally provide a claim name for easy reference. The claim number is required and should match your internal claim tracking system.

Claim Number *

Claim Name (Optional)


Next

CREATE CLOSED CLAIM WIZARD

Complete the steps below to create a closed claim

[Workbench](#) / [Create Closed Claim](#)

Instructions
Closed Form
Insurer Type
Select Insurer
Coverage Type
Claim Details
Summary

Review your claim information below. If everything is correct, click "Create Closed Claim" to submit. Otherwise, use the "Previous" button to make changes.

Claim Summary

Closed Form Type: Medical Professional Liability (MPL)

Insurer Type: OIR Licensed Insurer

Insurer Name: [REDACTED]

Coverage Type: [REDACTED]

Claim Number: [REDACTED]

Claim Name: [REDACTED]


Create Closed Claim

After returning to the workbench, click the claim number to proceed to complete claim details

0:14:56



Workbench



New Closed Claim



Review Closed Claim Submissions



New No Data Submission



Review No Data Submissions



Set Up



My Account



WORKBENCH

Below is a list of closed claims

[Workbench](#)

Claim Number	Insurer Name	Insurer Type	Form Type	Form Status	Occurrence Date
Test123	[REDACTED]	Licensed	MPL	Incomplete	

1
15 items per page
1 - 1 of 1 items

Claim Number:Test123

Coverage TypePrimary

Insurer Name

Edit Details

Insured InformationStatus: Incomplete

Injury InformationStatus: Incomplete

Diagnostic InformationStatus: Incomplete

Legal InformationStatus: Incomplete

Financial InformationStatus: Incomplete

Entity Type *Entity

Entity Name *

Street Address of Practice *1234 Testing Lane

City *Tallahassee

State *FL

Zip *32303

County *Leon

Policy Number *111111

Per Claim Policy Limits * (max: \$0,999,999,999)\$50,000

Aggregate Policy Limits * (max: \$0,999,999,999)\$1,000,000

Profession or Business *HMO's

Other Profession or BusinessOther profession

Save

Validate Required before Submitting

Cancel

Copy

Delete

Validate

Submit

Claim Number:Test123

Coverage TypePrimary

Insurer Name

Edit Details

Insured InformationStatus: Complete

Injury InformationStatus: Incomplete

Diagnostic InformationStatus: Incomplete

Legal InformationStatus: Incomplete

Financial InformationStatus: Incomplete

First Name *Test

MI *MI

Last Name *Test

Date of Birth *10/01/2000

Gender *Female

Street Address3456 Testing Lane

CountyLeon

CityTallahassee

StateFL

Zip32309

Location Where Injury Occurred *Emergency Room

County Where Injury Occurred *Leon

Other Location Where Injury OccurredOther location

Name of Institution *

Location of Institutional Injury *Patients' Room

Other Location of Institutional InjuryOther location

Date of Occurrence *08/13/2025

Date Reported to Insurer *12/01/2025

Age at Occurrence24

Save

Validate Required before Submitting

Cancel

Copy

Delete

Validate

Submit

Claim Number:

Test123

Coverage Type

Primary

Insurer Name

Edit Details

Insured Information

Status: Complete

Injury Information

Status: Complete | Last Update: 10/07/2026 01:15 PM

Diagnostic Information

Status: Incomplete | Last Update: 10/07/2026 01:15 PM

Legal Information

Status: Incomplete

Financial Information

Status: Incomplete | Last Update: 10/07/2026 01:15 PM

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition *

Operation

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury *

Test Injury

Diagnostic Code:

Diagnostic code

Misdiagnosis Made, If Any, Of Patient's Actual Condition

Test Condition

Principal Injury Giving Rise To The Claim *

Test Claim

Severity Of Injury *

Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

Save

Validate Required before Submitting

Cancel

Copy

Delete

Validate

Submit

Claim Number:

Test123

Coverage Type

Primary

Insurer Name

Edit Details

Insured Information

Status: Complete

Injury Information

Status: Complete | Last Update: 10/07/2026 01:18 PM

Diagnostic Information

Status: Complete | Last Update: 10/07/2026 01:18 PM

Legal Information

Status: Incomplete

Financial Information

Status: Incomplete | Last Update: 10/07/2026 01:18 PM

Date of Suit

01/05/2026

Circuit Court Case Number

I12345

County Suit Filed In

Leon

Date of Final Disposition *

04/24/2026

Final Method of Claim Disposition *

No Response

Date of Payment

05/05/2026

Court Decision *

No Response

Other

Other court decision

Stage of Legal System at which Settlement was Reached or Award Made *

No Response

Arbitration *

No Response

☒ No Other Defendants Involved in this Claim

Save

Validate Required before Submitting

Cancel

Copy

Delete

Validate

Submit

MEDICAL PROFESSIONAL LIABILITY-CLAIM

This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.

Workbench / Medical Professional Liability-Claim

Claim Number:

Test123

Coverage Type

Primary

Insurer Name

Insured Information

Status: Complete

Injury Information

Status: Complete | Last Update: 10/07/2026 01:18 PM

Diagnostic Information

Status: Complete | Last Update: 10/07/2026 01:18 PM

Legal Information

Status: Complete | Last Update: 10/07/2026 01:20 PM

Financial Information

Status: Incomplete | Last Update: 10/07/2026 01:18 PM

Was there a settlement resulting in payment to the Plaintiff?

Yes

No

Indemnity Paid by Insurer on behalf of Insured

(max: \$99,999,999,999)

\$0

Deductible Paid by Defendant

(max: \$999,999,999)

\$0

Loss Adjust Expense Paid to Defense Counsel

*(max: \$999,999,999)

\$0

All Other Loss Adjustment Expense Paid

*(max: \$999,999,999)

\$0

Injured Person's Total Non-Economic Loss

(max: \$9,999,999,999)

\$0

Injured Person's Total Economic Loss

Incurred to Date

(max: \$9,999,999,999)

Medical Expense

\$0

Wage Loss

\$0

Other Expenses

\$0

Anticipated

(max: \$9,999,999,999)

Medical Expense

\$0

Wage Loss

\$0

Other Expenses

\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Testing steps

1987 characters remaining

Save

Validate Required before Submitting

Cancel

Copy

Delete

Validate

Submit

After all sections reflected as complete, proceed by selecting VALIDATE.

MEDICAL PROFESSIONAL LIABILITY-CLAIM

This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.

Workbench / Medical Professional Liability-Claim

Claim Number:

Test123

Coverage Type

Primary

Insurer Name

Insured Information

Status: Complete

Injury Information

Status: Complete | Last Update: 10/07/2026 01:21 PM

Diagnostic Information

Status: Complete | Last Update: 10/07/2026 01:21 PM

Legal Information

Status: Complete | Last Update: 10/07/2026 01:20 PM

Financial Information

Status: Complete | Last Update: 10/07/2026 01:21 PM

Was there a settlement resulting in payment to the Plaintiff?

Yes

No

Indemnity Paid by Insurer on behalf of Insured

(max: \$99,999,999,999)

\$0

Deductible Paid by Defendant

(max: \$999,999,999)

\$0

Loss Adjust Expense Paid to Defense Counsel

*(max: \$999,999,999)

\$0

All Other Loss Adjustment Expense Paid

*(max: \$999,999,999)

\$0

Injured Person's Total Non-Economic Loss

(max: \$9,999,999,999)

\$0

Injured Person's Total Economic Loss

Incurred to Date

(max: \$9,999,999,999)

Medical Expense

\$0

Wage Loss

\$0

Other Expenses

\$0

Anticipated

(max: \$9,999,999,999)

Medical Expense

\$0

Wage Loss

\$0

Other Expenses

\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Testing steps

1987 characters remaining

Save

Validate Required before Submitting

Cancel

Copy

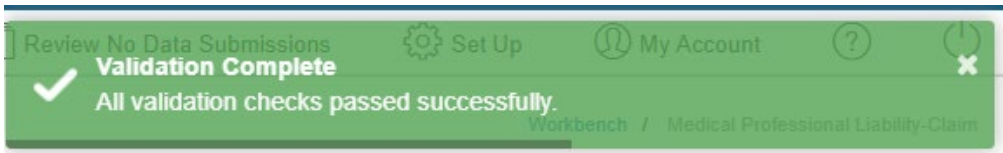
Delete

Validate

Submit

18

A green box will appear in the upper right corner of the screen when the Validation check is completed and passed.



After Validation, select the submit button.

0:14:56

Workbench New Closed Claim Review Closed Claim Submissions New No Data Submission **Validation Complete** All validation checks passed successfully. Set Up My Account ? X

MEDICAL PROFESSIONAL LIABILITY-CLAIM
This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.

Claim Number: Test123
Coverage Type: Primary
Insurer Name: [REDACTED] [Edit Details](#)

[Insured Information](#) [Injury Information](#) [Diagnostic Information](#) [Legal Information](#) **[Financial Information](#)**

Status: Complete Status: Complete | Last Update: 10/07/2025 01:21 PM Status: Complete | Last Update: 10/07/2025 01:21 PM Status: Complete | Last Update: 10/07/2025 01:20 PM Status: Complete | Last Update: 10/07/2025 01:21 PM

Was there a settlement resulting in payment to the Plaintiff? ☒ Yes ☐ No

Indemnity Paid by Insurer on behalf of Insured (max: \$99,999,999) \$0

Deductible Paid by Defendant* (max: \$999,999,999) \$0

Loss Adjust Expense Paid to Defense Counsel* (max: \$999,999,999) \$0

All Other Loss Adjustment Expense Paid* (max: \$999,999,999) \$0

Injured Person's Total Non-Economic Loss (max: \$9,999,999,999) \$0

Injured Person's Total Economic Loss

	Incurred to Date (max: \$9,999,999,999)	Anticipated (max: \$9,999,999,999)
Medical Expense *	\$0	\$0
Wage Loss *	\$0	\$0
Other Expenses *	\$0	\$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely *

Testing steps

1987 characters remaining

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