Florida Office of Insurance Regulation

Professional Liability Claims Reporting (PLCR)

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

PLCR_Inquiries@floir.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) oran 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
b. Medical malpractice
c. Other Liability
d. Private Passenger Auto Liability
e. Commercial Automobile Liability
f. Surplus Lines
g. Property & Casualty

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:

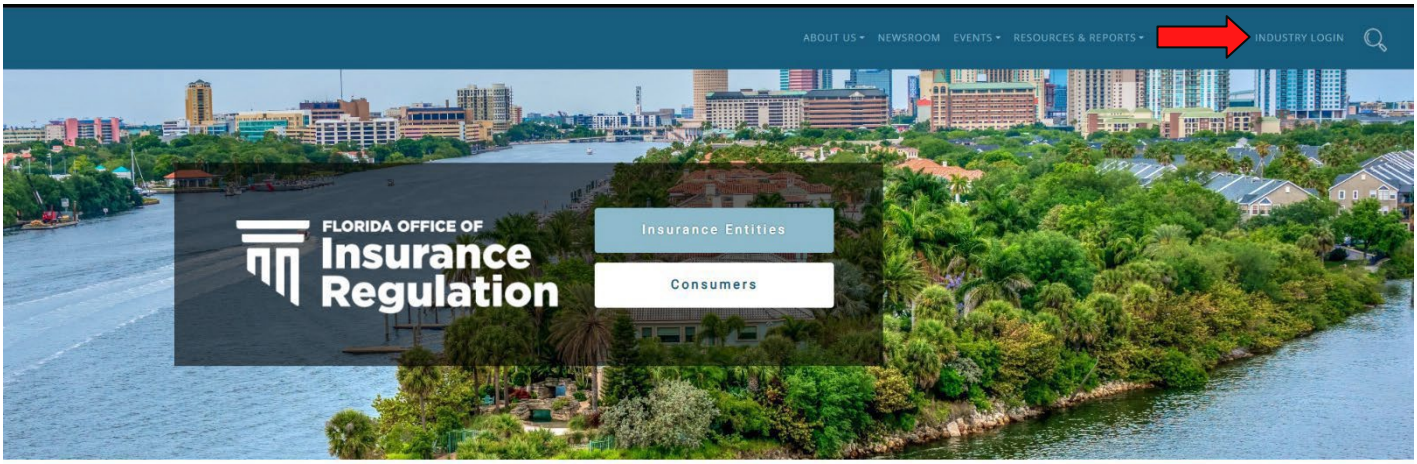
PLCR_Inquiries@floir.gov

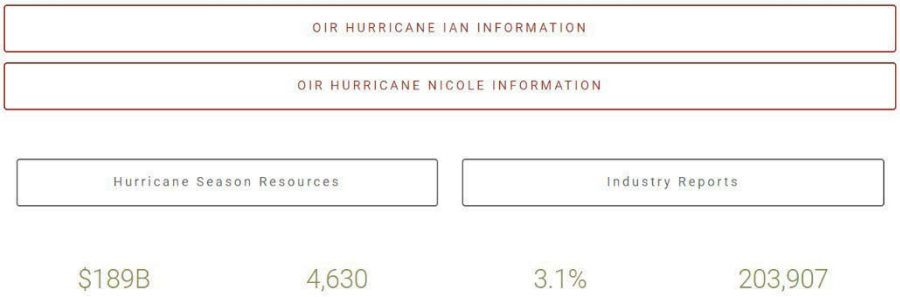


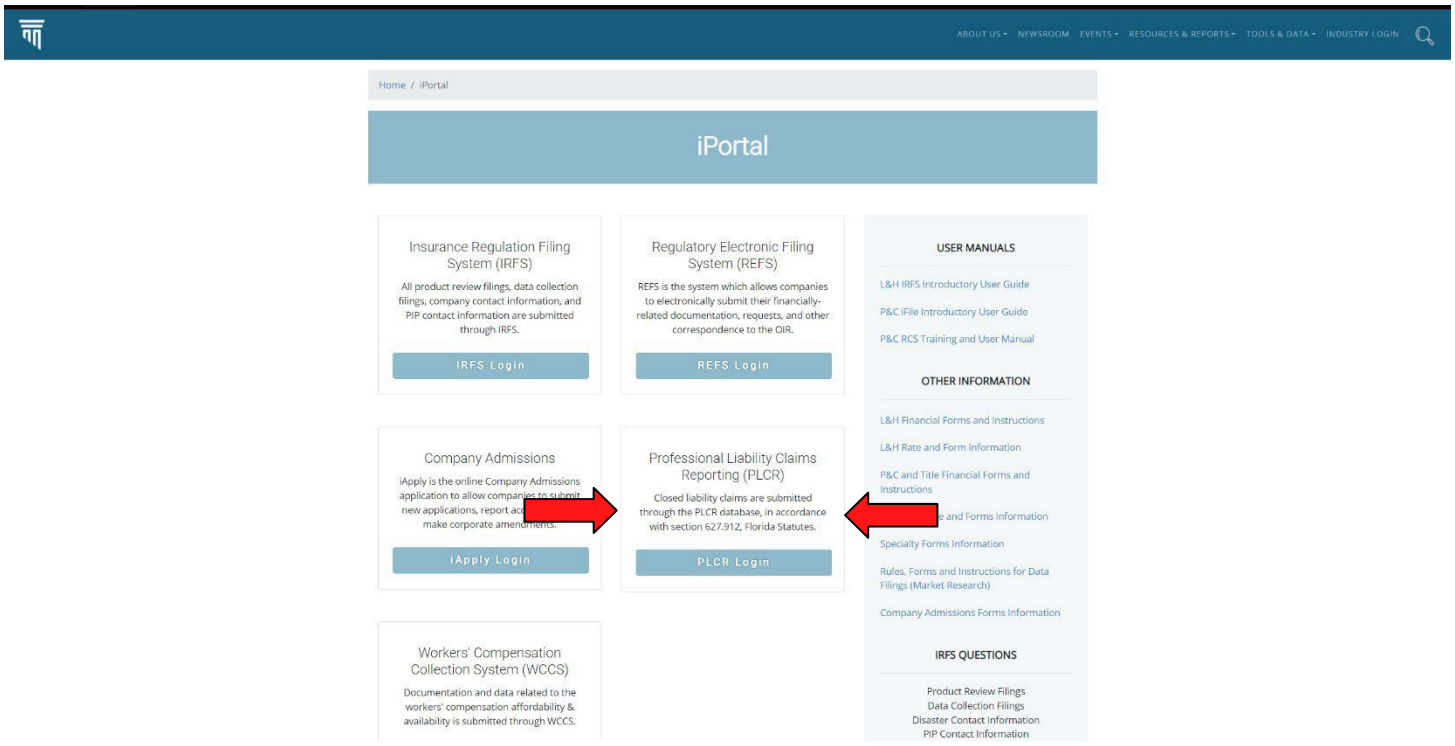
PROFESSIONAL LIABILITY CLAIMS REPORTING SYSTEM (PLCR)

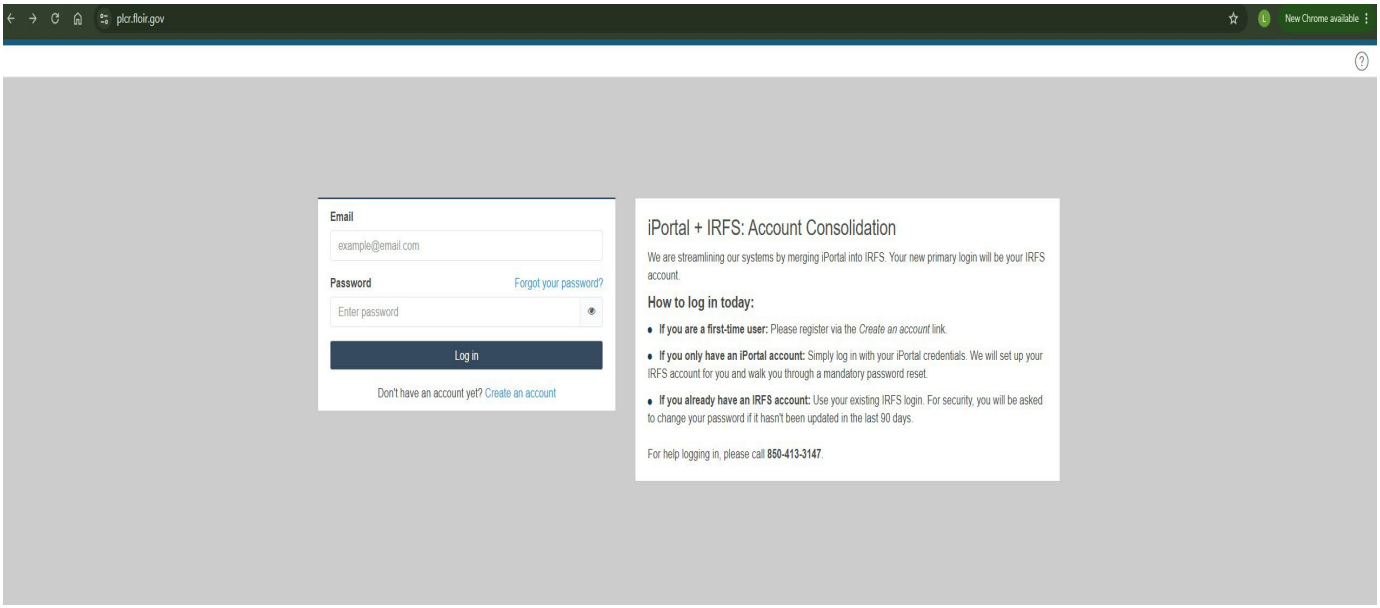
NO DATA SUBMISSION

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.](http://www.floir.gov)



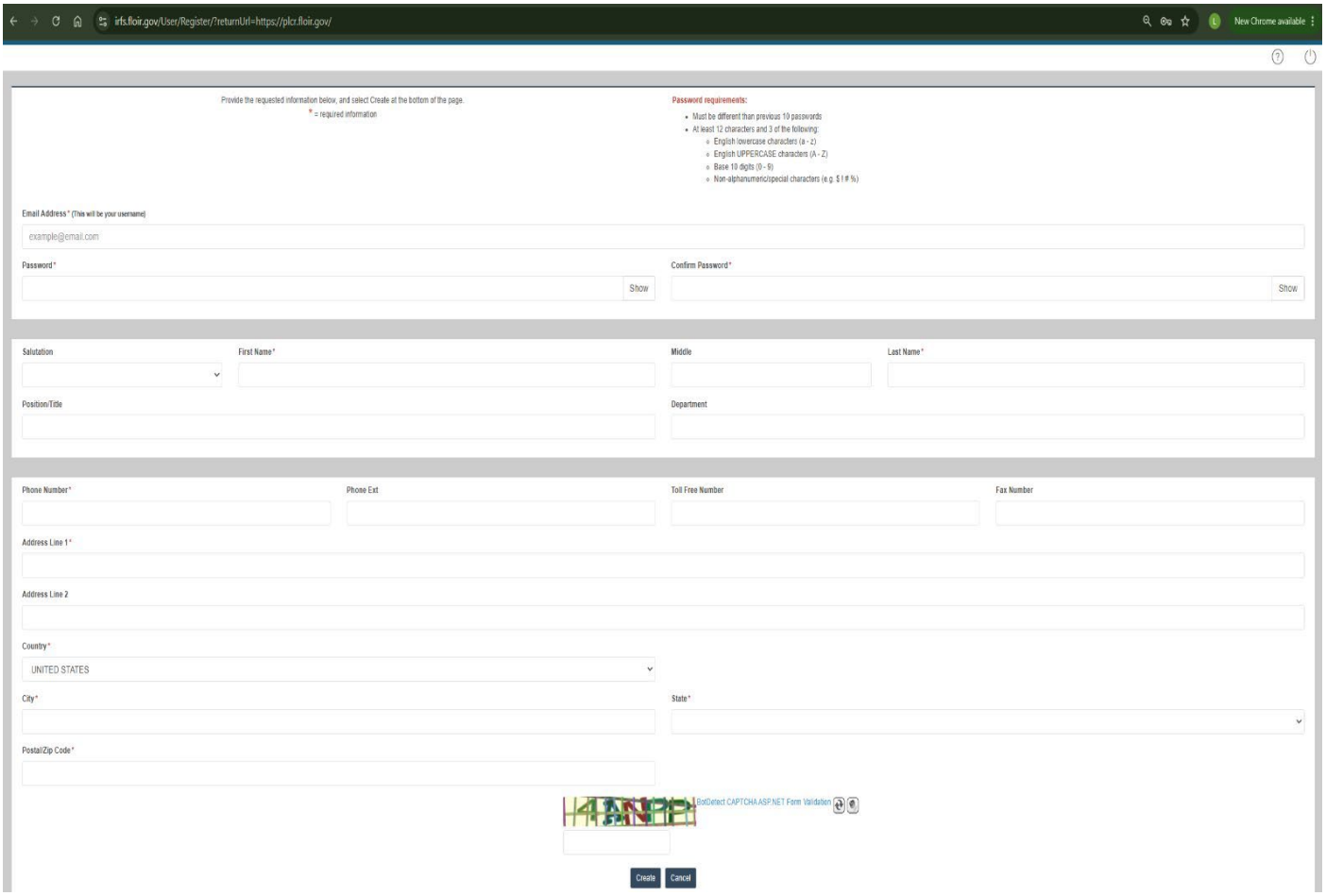






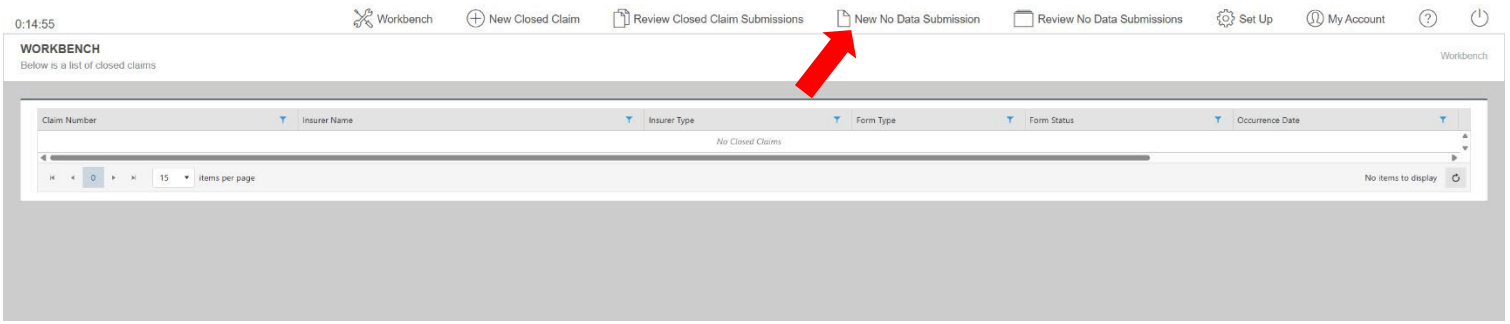
If you have an account, the first step will be to login with your username and password. Skip to page 7.

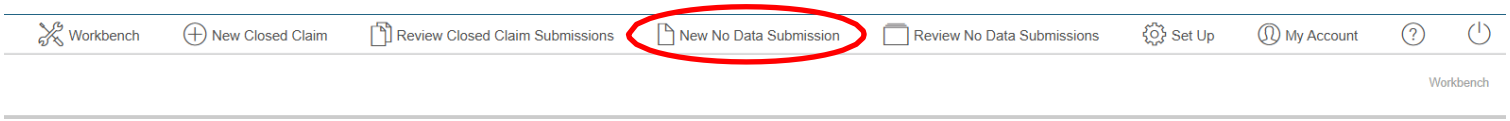
If you do not have an account, the first step will be to Create Account.

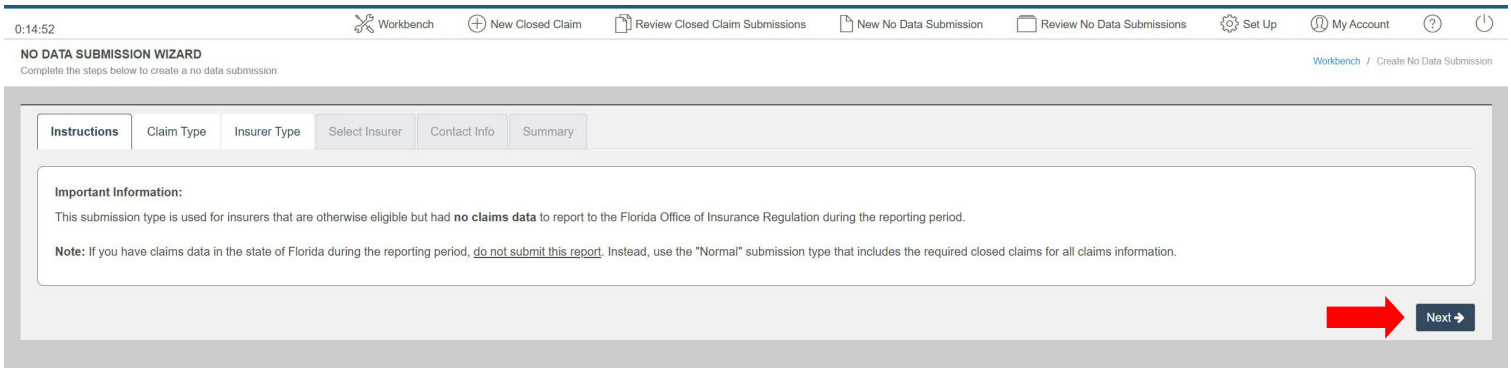


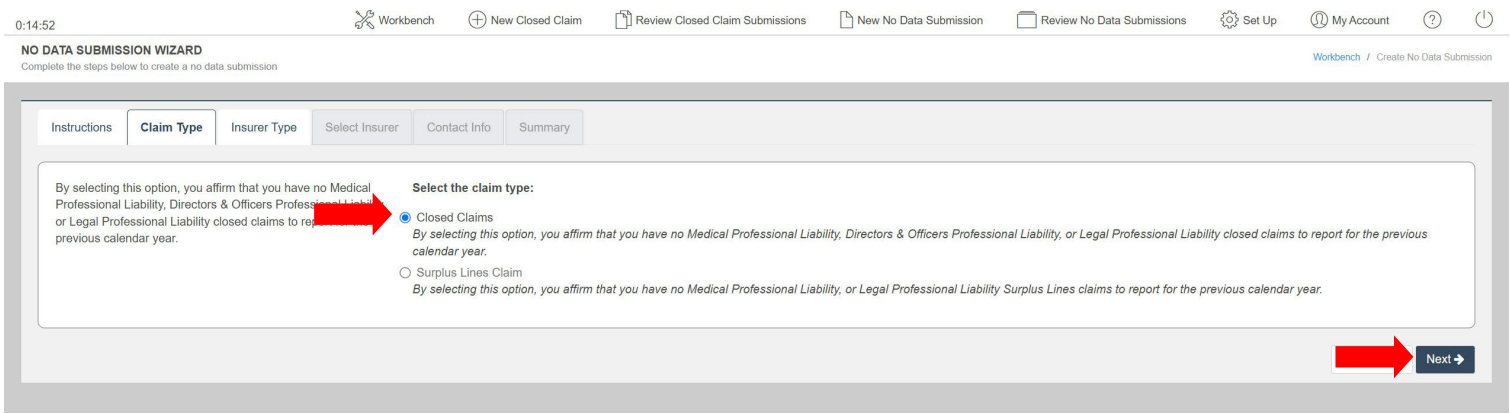
After creating the account, an email will be submitted to the email address provided. Follow the instructions in the email to activate the account.

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

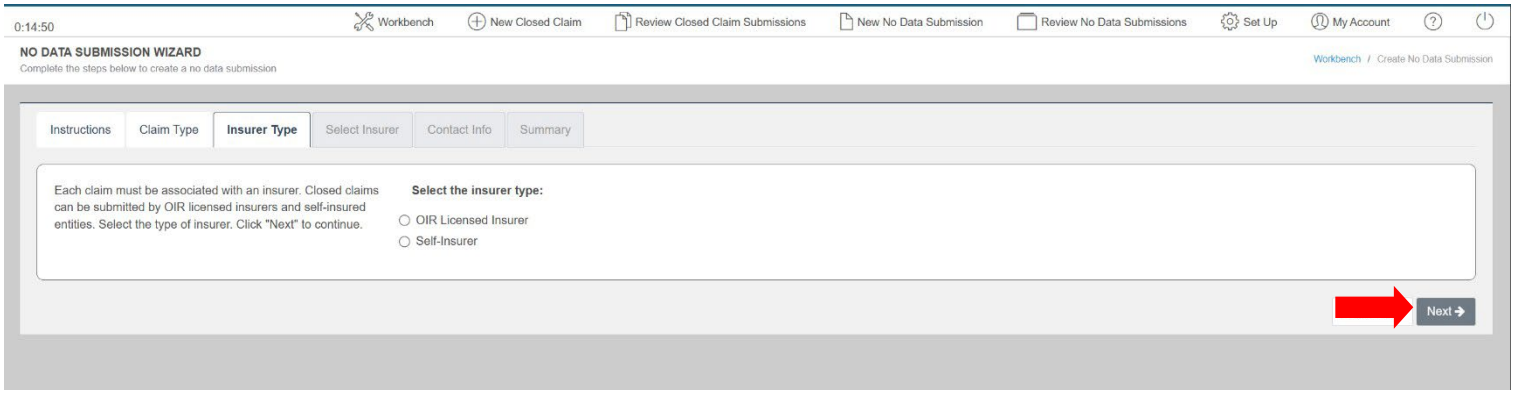




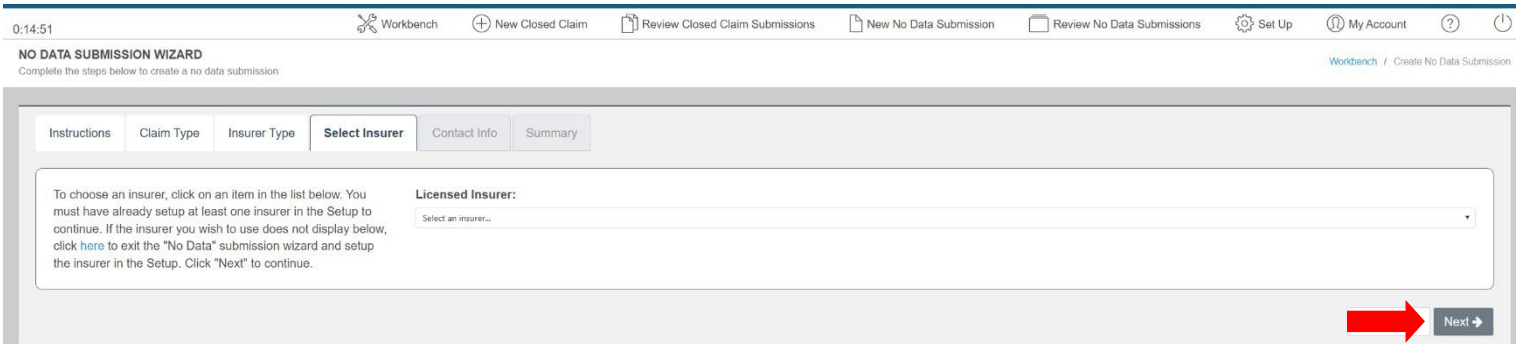




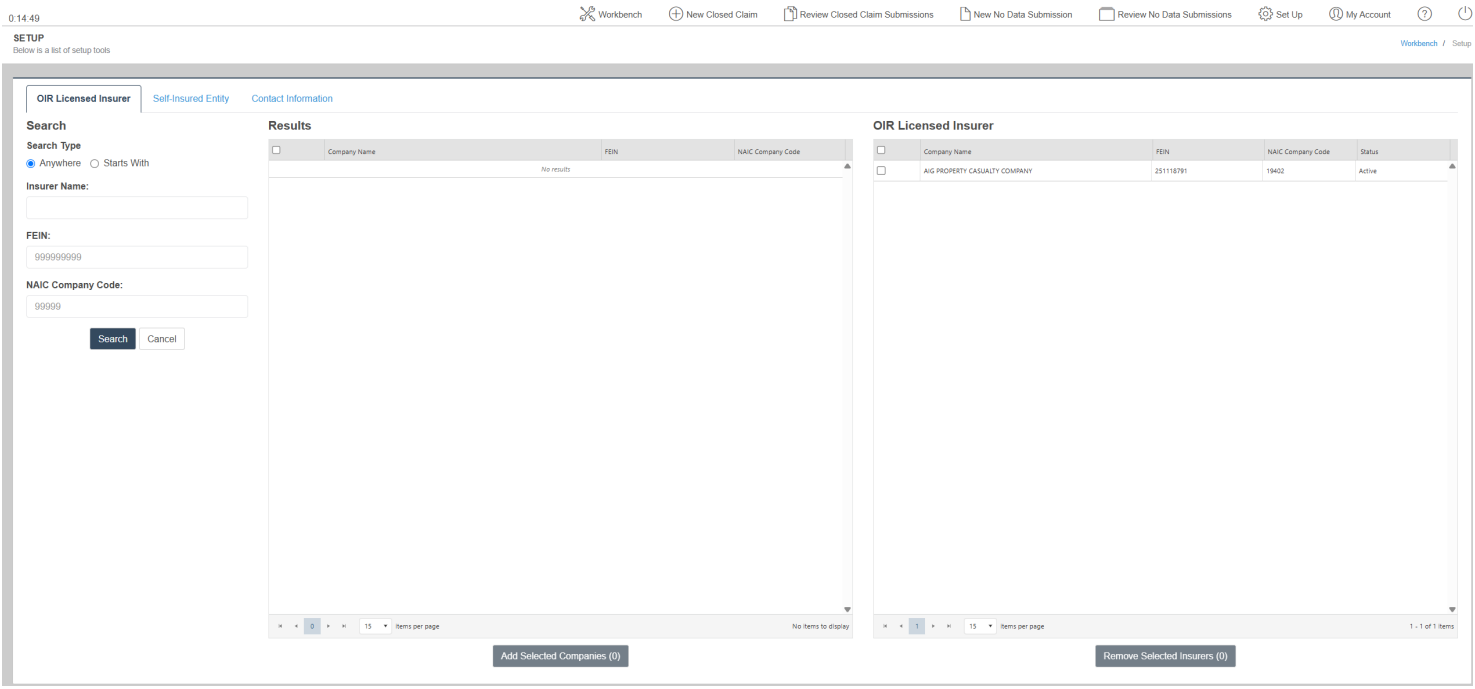
Select the insurer type:



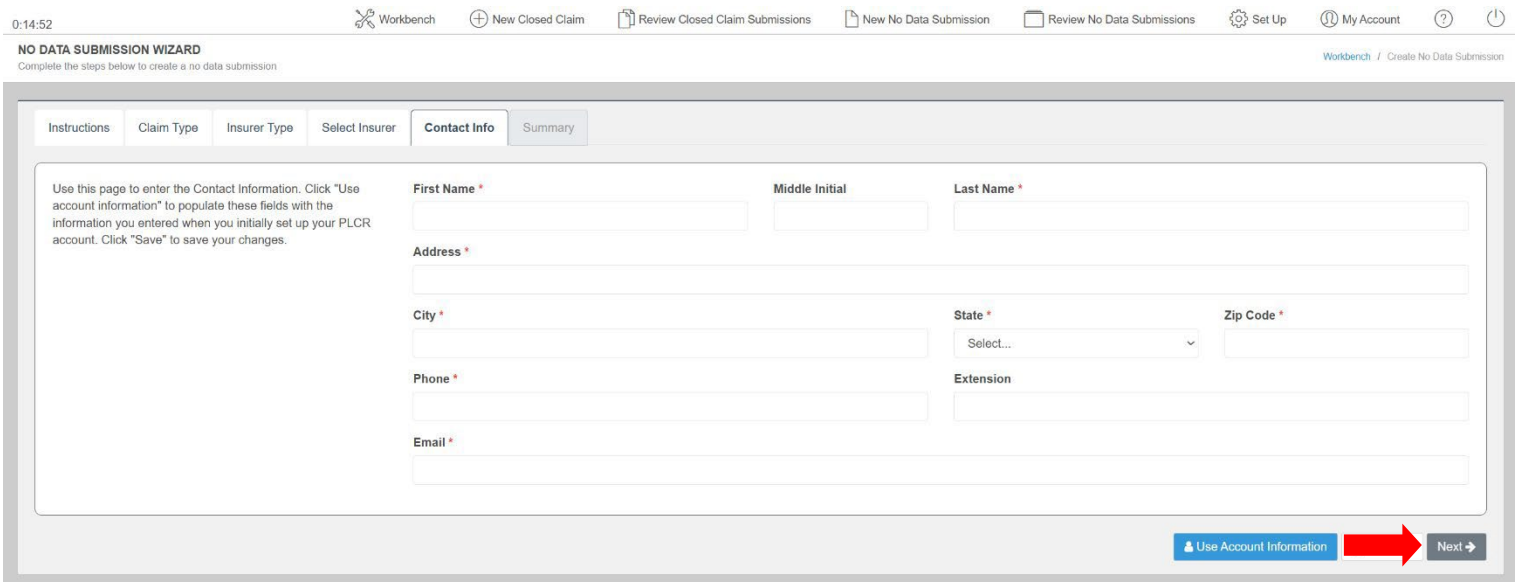
Select the appropriate category from the drop-down menu. If the insurer does not appear in the drop-down menu, select the blue "**here**" link to add the insurer.

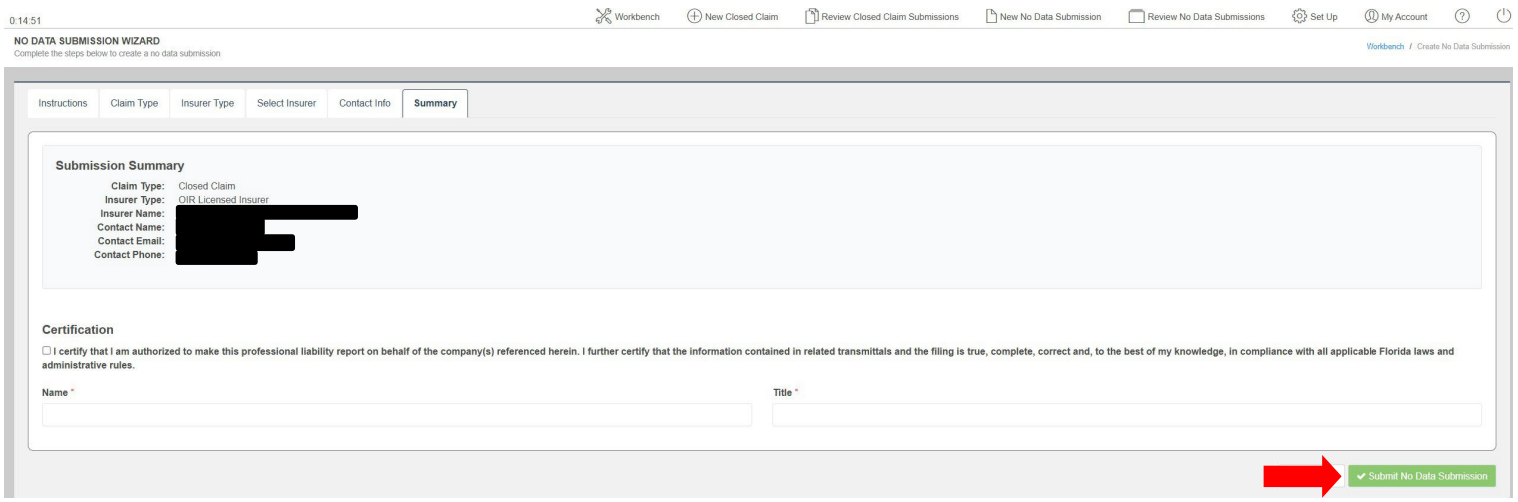


Select the appropriate tab and search for the **Insurer Name** or **Self-Insured Entity**. Once the insurer has been added, return to **New No Data Submission** to continue. *Skip this step if the insurer appears in the drop-down.*



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**.





PROFESSIONAL LIABILITY CLAIMS REPORTING DATA SUBMISSION

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

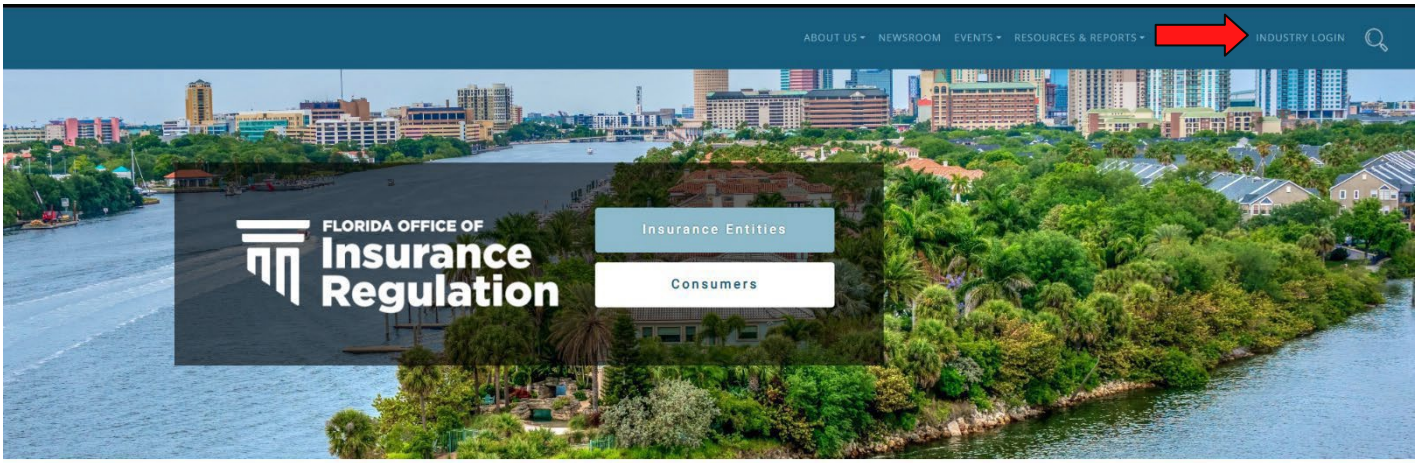
PLCR_Inquiries@floir.gov

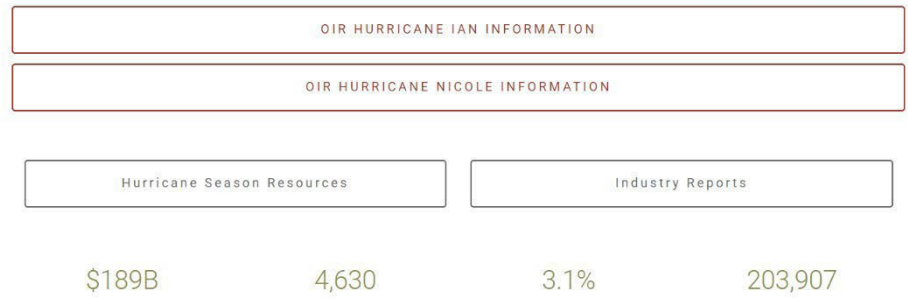


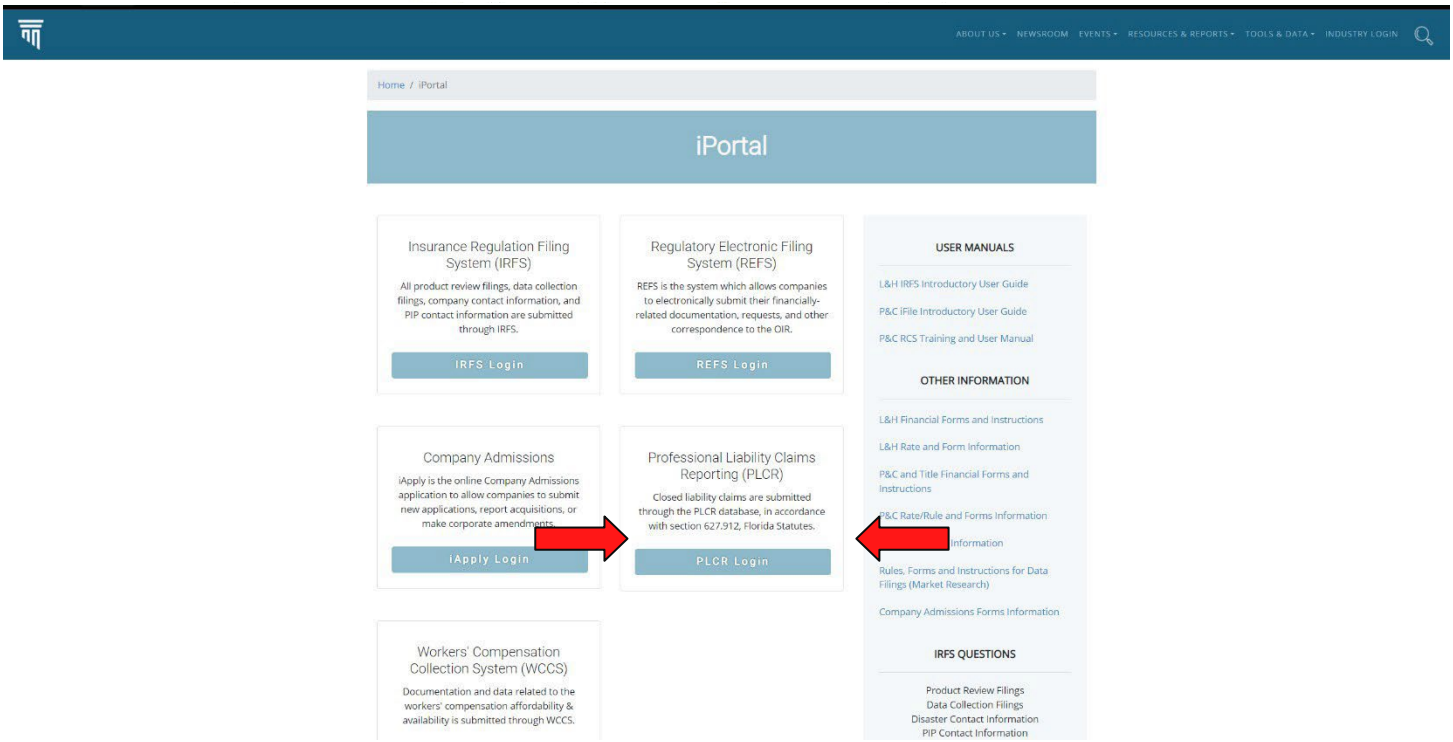
PROFESSIONAL LIABILITY CLAIMS REPORTING SYSTEM (PLCR)

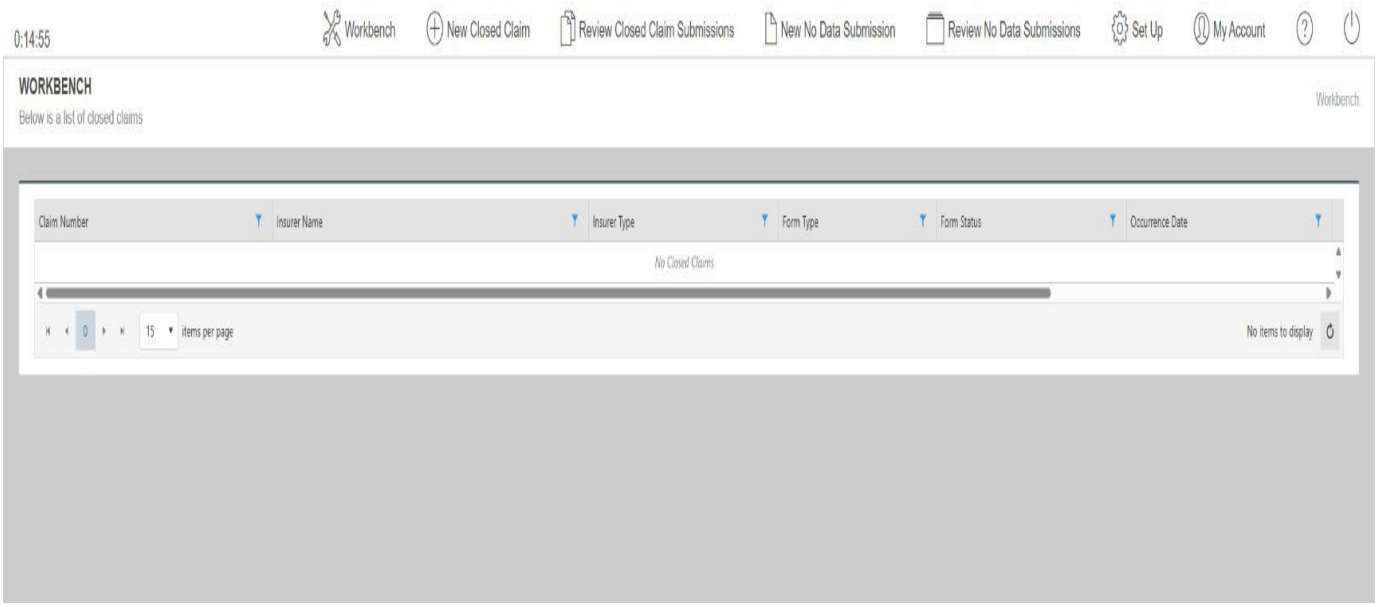
NEW CLOSED CLAIM SUBMISSION

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.](http://www.floir.gov)



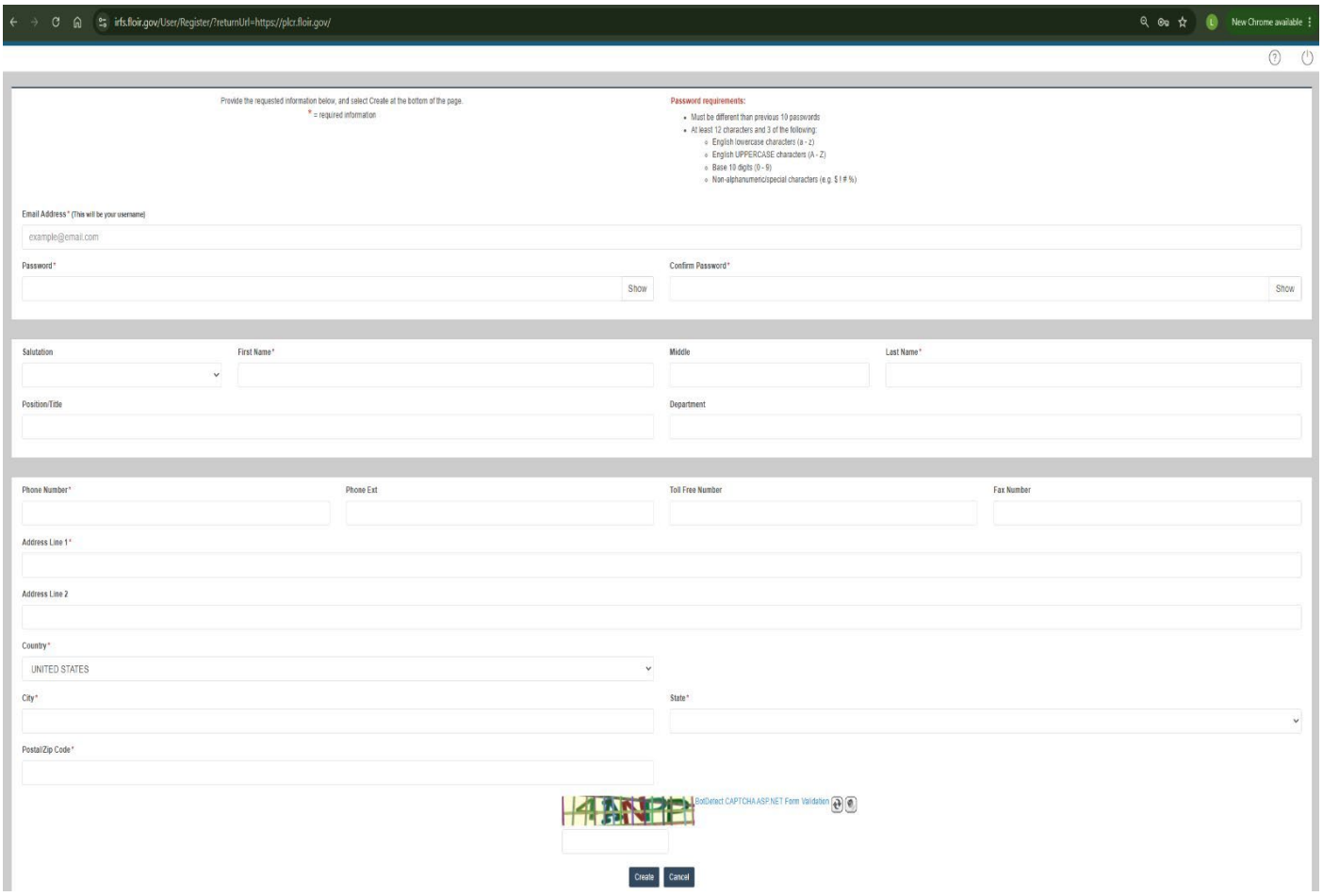






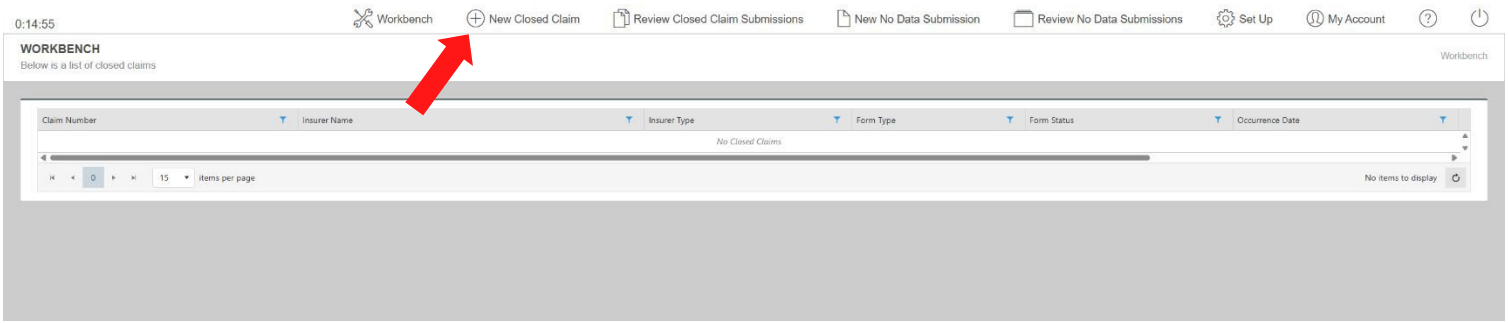
If you have an account, the first step will be to login with your username and password. Skip to page 13.

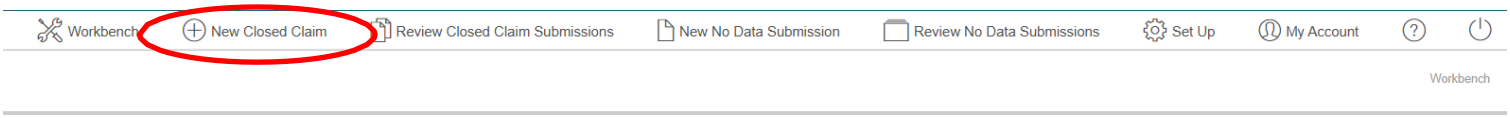
If you do not have an account, the first step will be to Create Account.

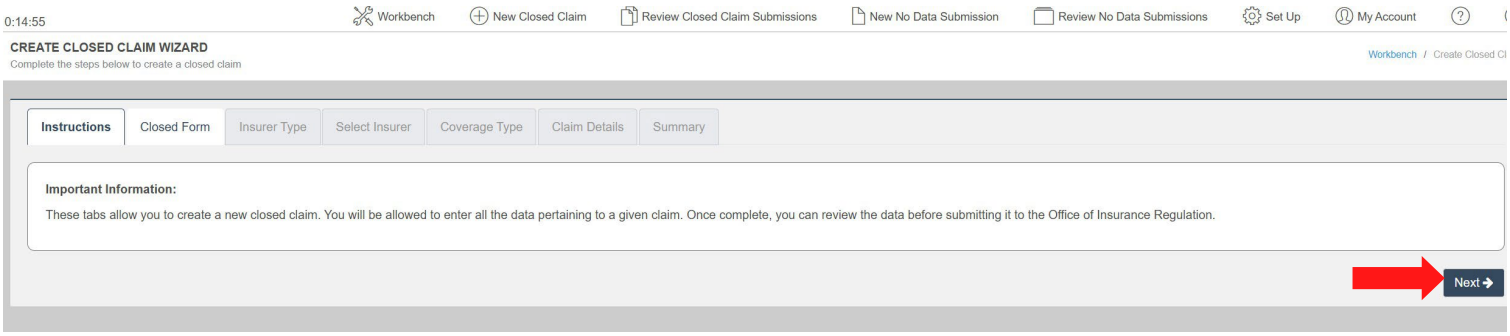


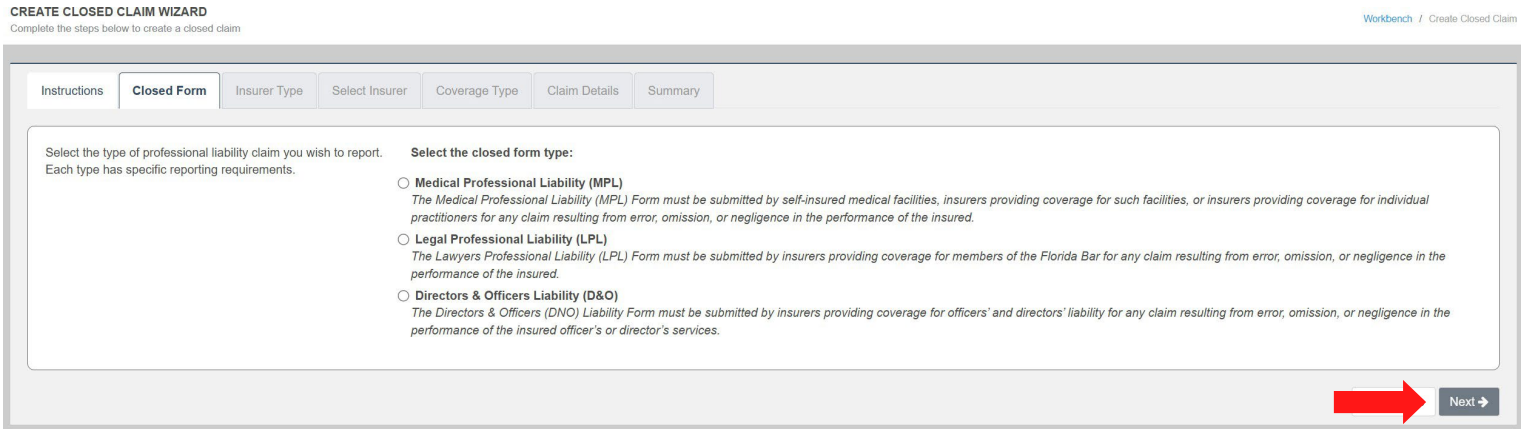
After creating the account, an email will be submitted to the email address provided. Follow the instructions in the email to activate the account.

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

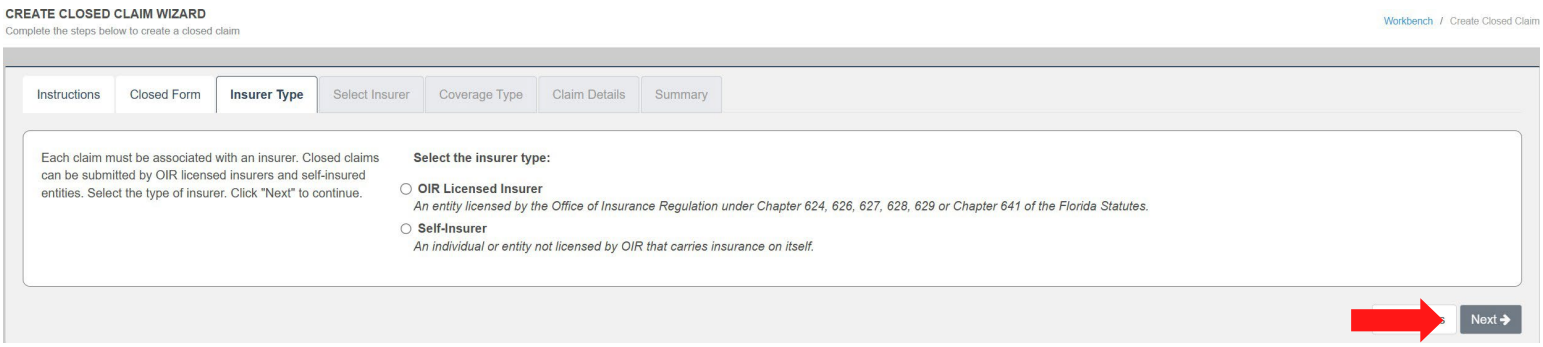


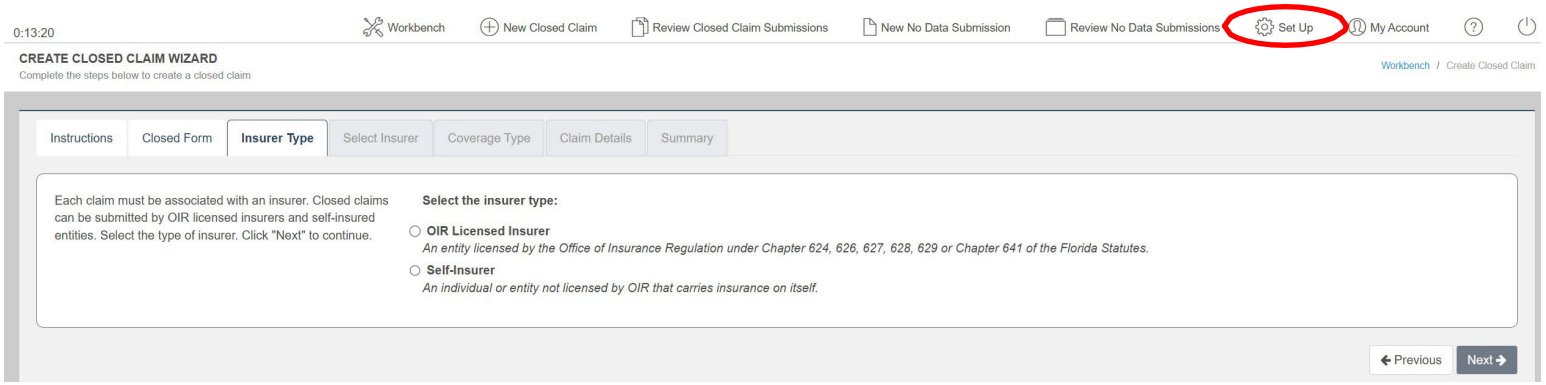




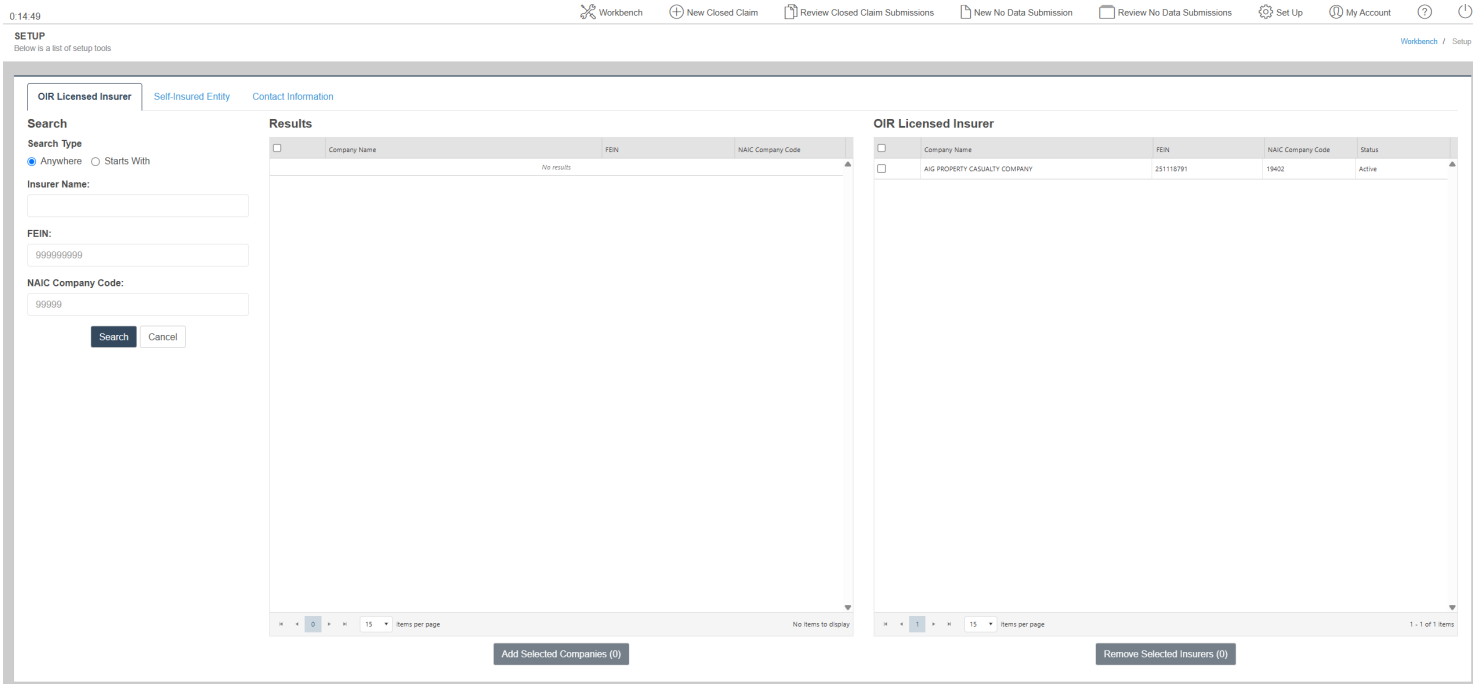


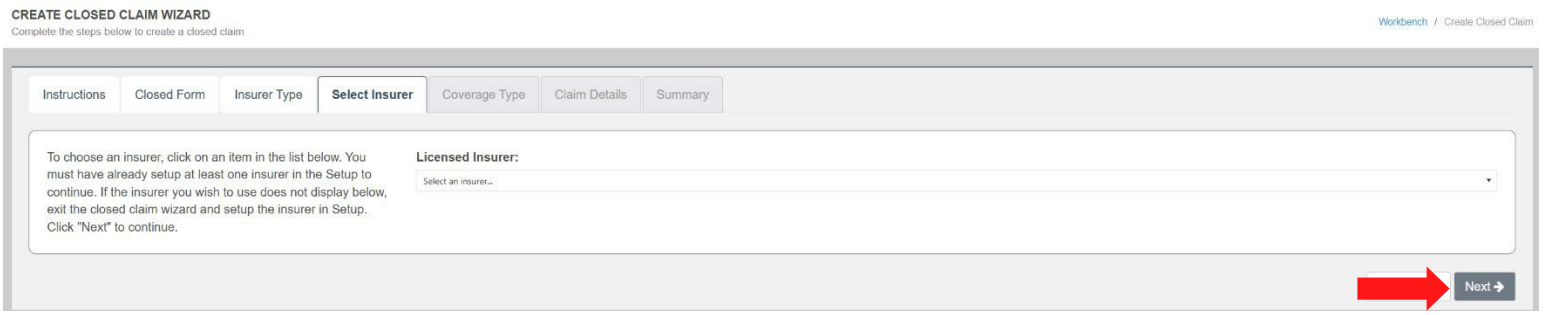
Select the appropriate category from the drop-down menu. If the insurer does not appear in the drop-down menu, select "Set Up" to add the insurer.



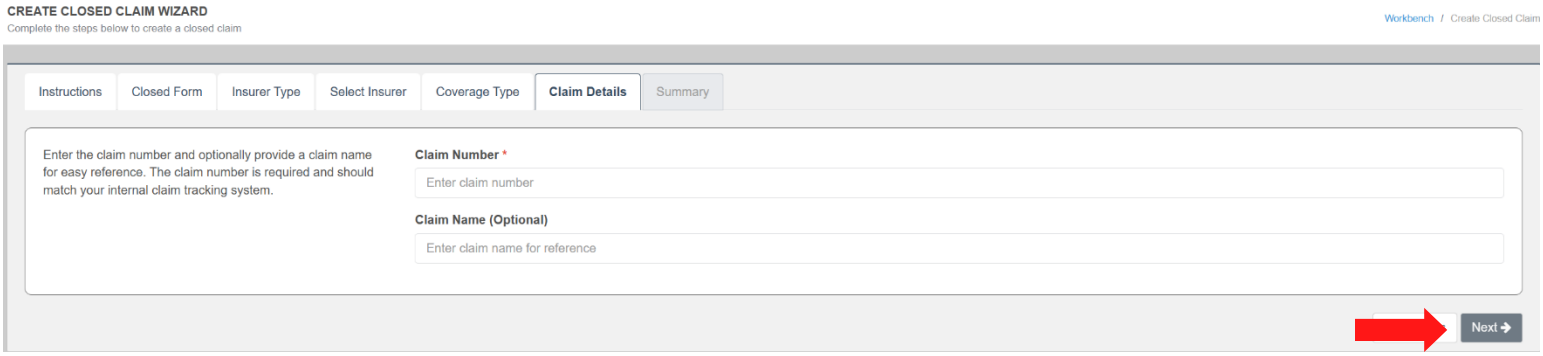


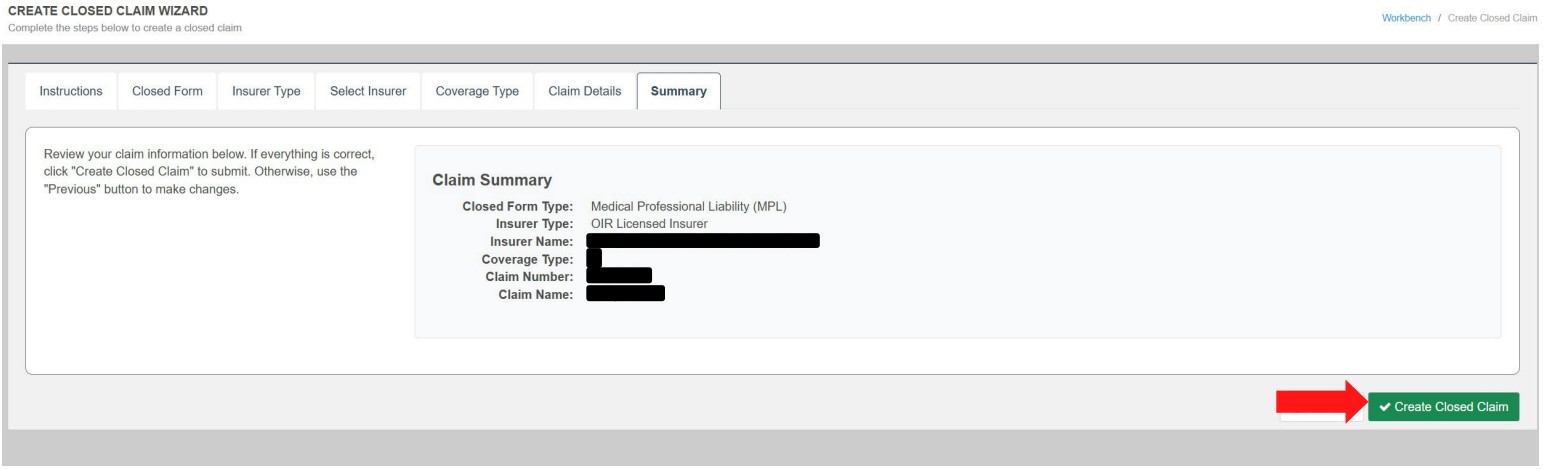
Select the appropriate tab and search for the **Insurer Name** or **Self-Insured Entity**. Once the insurer has been added, return to **New Closed Claim** to continue. *Skip this step if the insurer appears in the drop-down.*



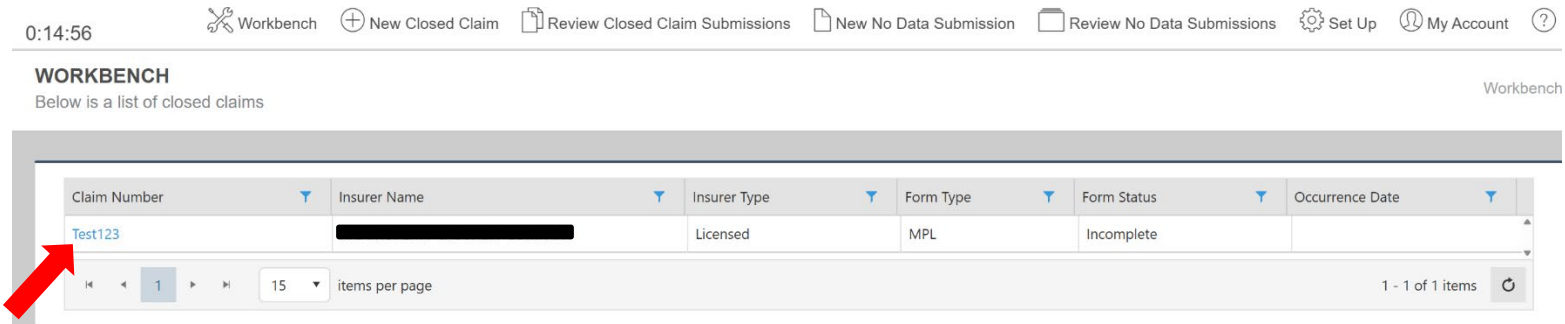


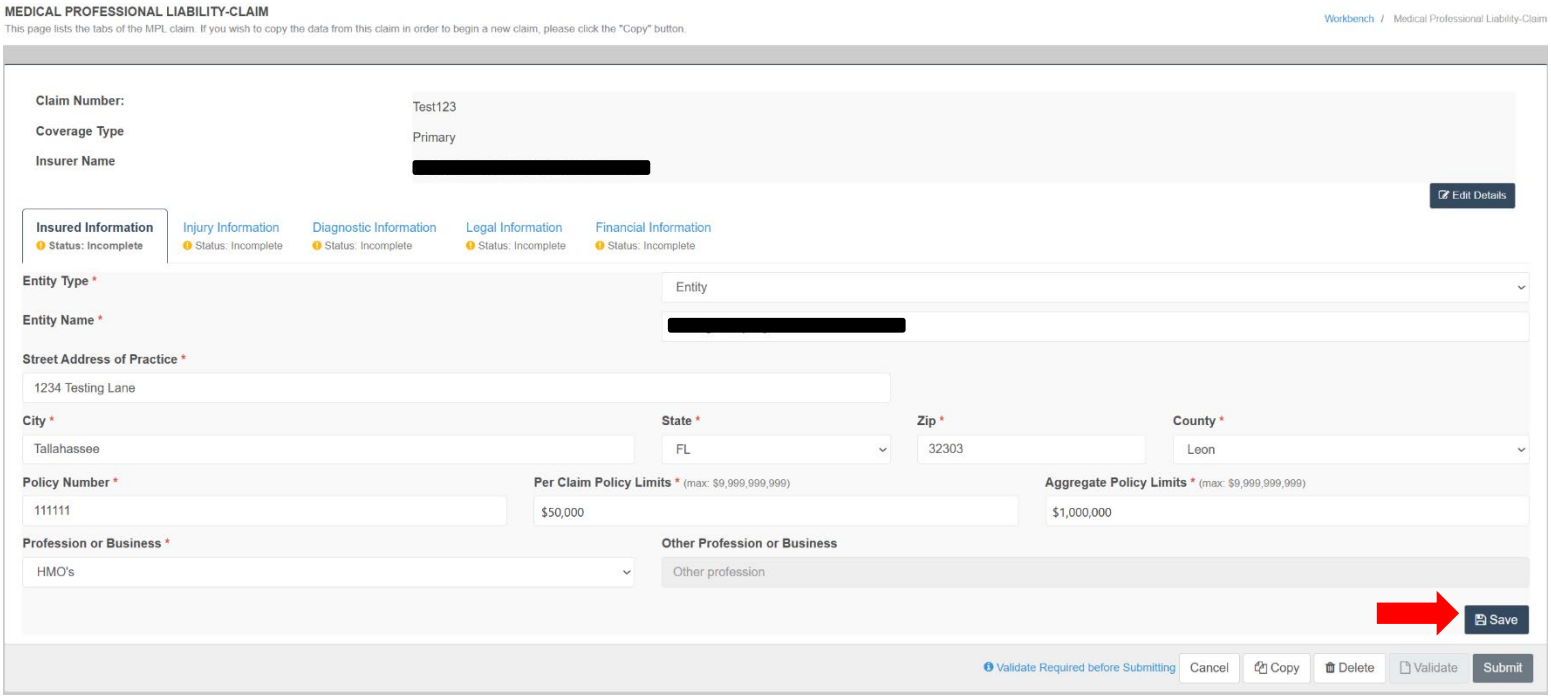


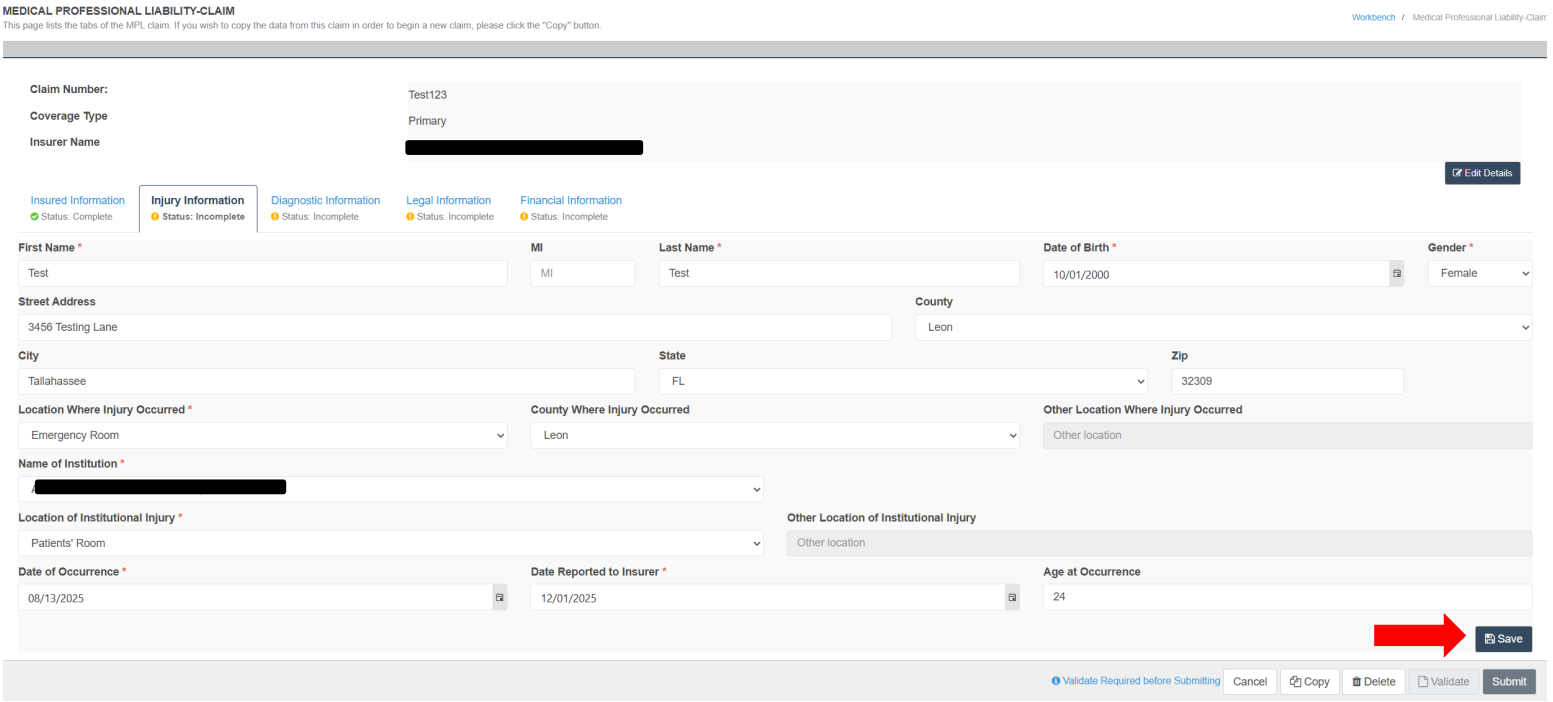


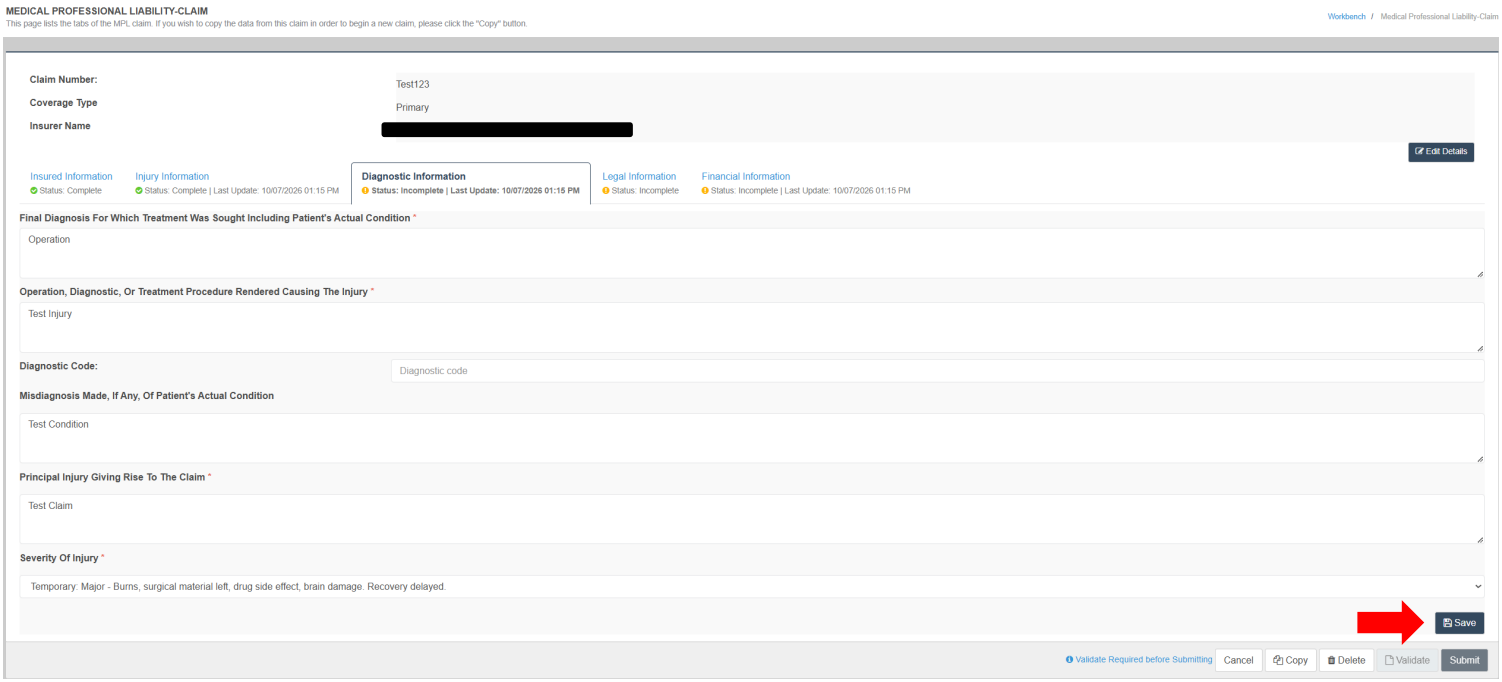


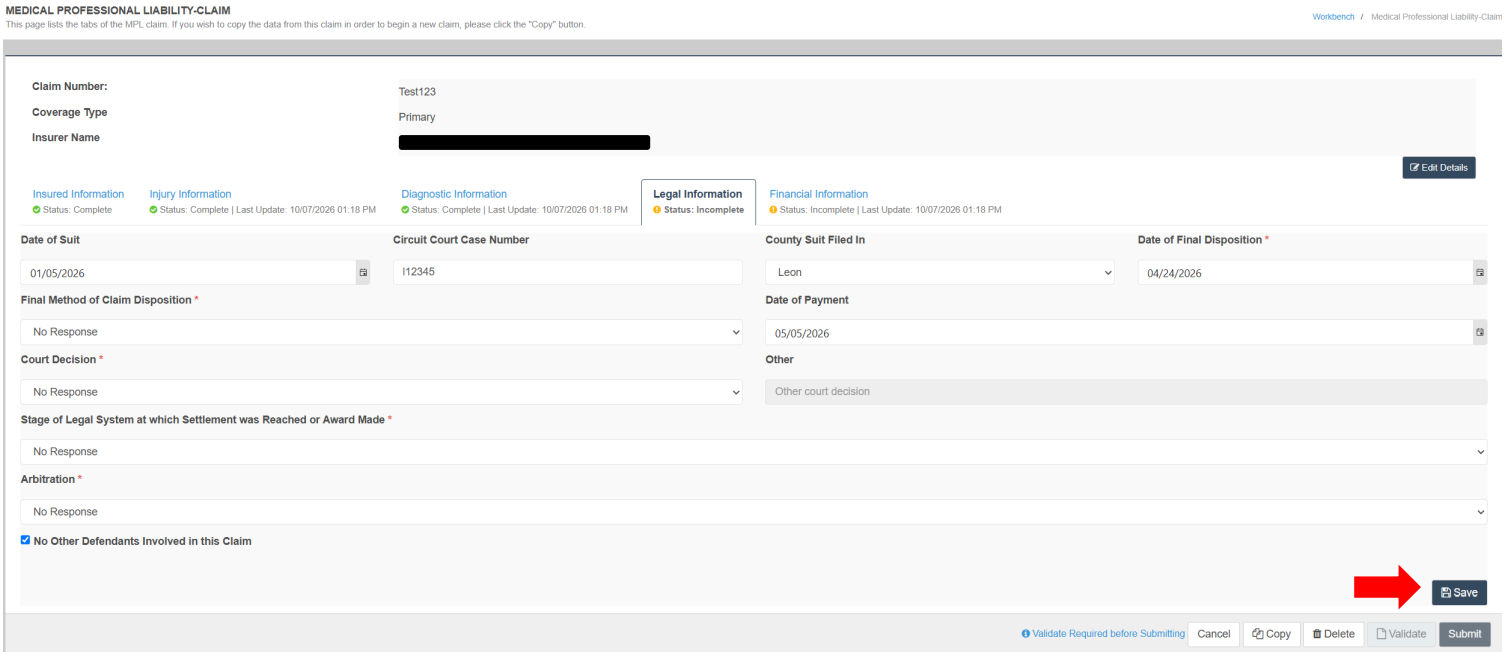
After returning to the workbench, click the claim number to proceed to complete claim details

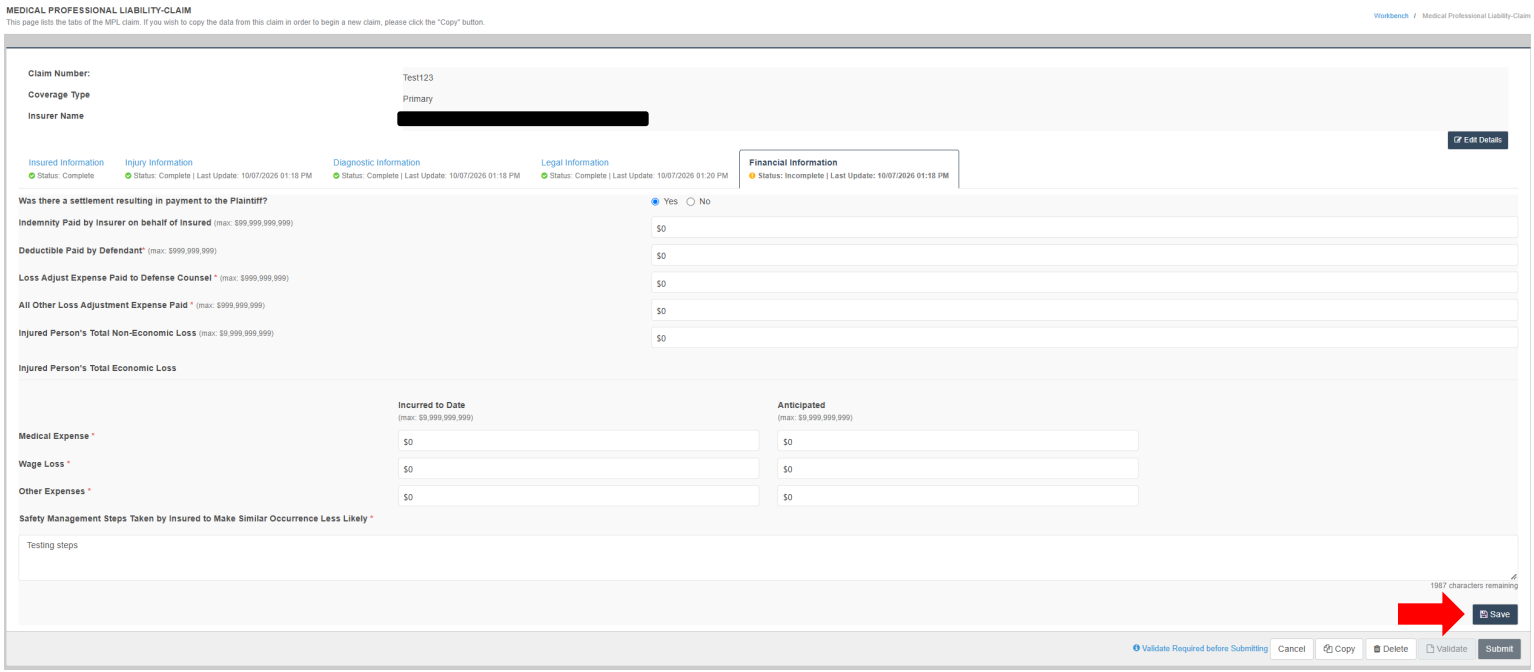



MEDICAL PROFESSIONAL LIABILITY-CLAIM
This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.
Workbench / Medical Professional Liability-Claim
Claim Number:
Test123
Coverage Type
Primary
Insurer Name
[redacted]
Edit Details
Insured Information
Status: Incomplete
Injury Information
Status: Incomplete
Diagnostic Information
Status: Incomplete
Legal Information
Status: Incomplete
Financial Information
Status: Incomplete
Entity Type *
Entity
Entity Name *
[redacted]
Street Address of Practice *
1234 Testing Lane
City *
Tallahassee
State *
FL
Zip *
32303
County *
Leon
Policy Number *
111111
Per Claim Policy Limits * (max: $9,999,999,999)
$50,000
Aggregate Policy Limits * (max: $9,999,999,999)
$1,000,000
Profession or Business *
HMO's
Other Profession or Business
Other profession
Save
Validate Required before Submitting
Cancel
Copy
Delete
Validate
Submit

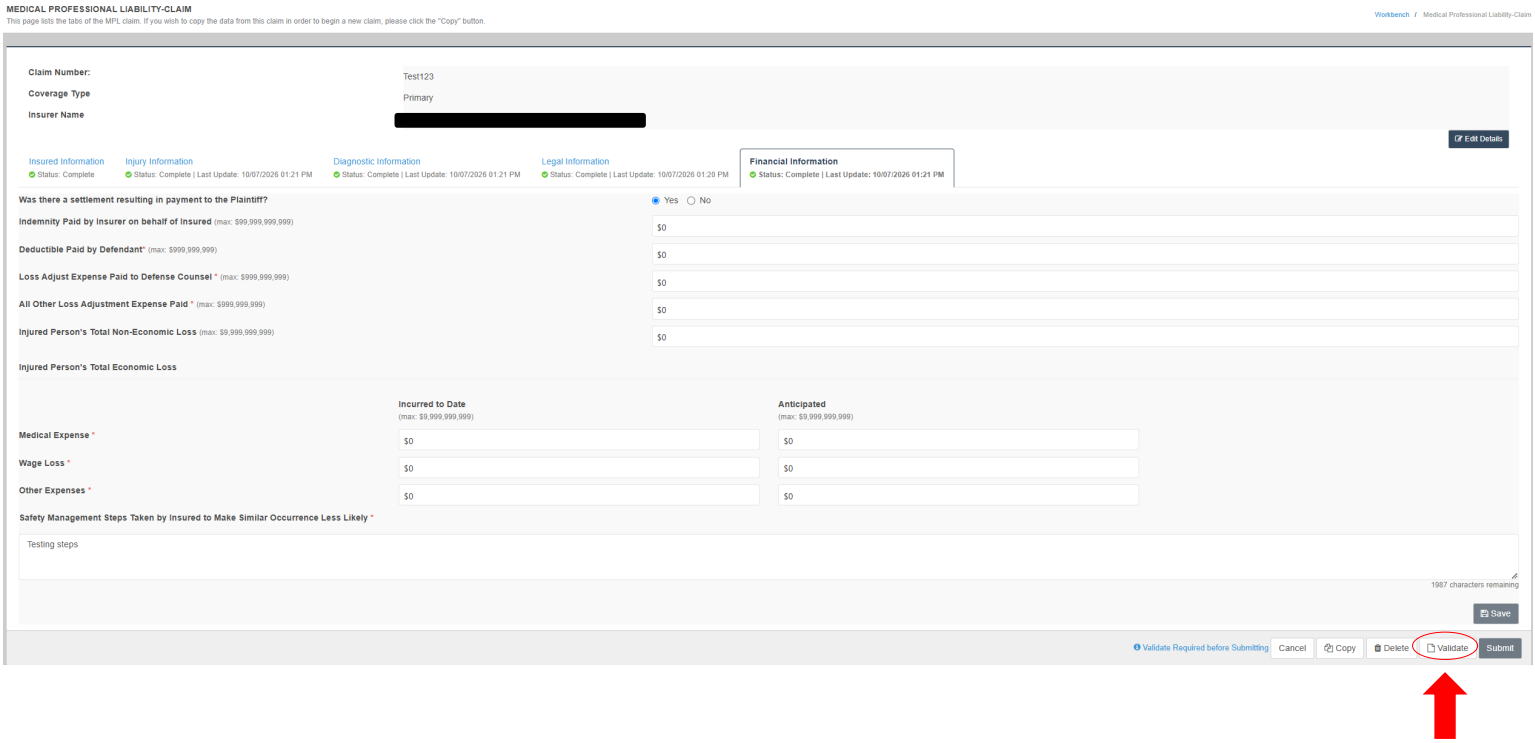

MEDICAL PROFESSIONAL LIABILITY-CLAIM
This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.
Workbench / Medical Professional Liability-Claim
Claim Number:
Test123
Coverage Type
Primary
Insurer Name
[redacted]
Edit Details
Insured Information
Status: Complete
Injury Information
Status: Incomplete
Diagnostic Information
Status: Incomplete
Legal Information
Status: Incomplete
Financial Information
Status: Incomplete
First Name *
Test
MI
MI
Last Name *
Test
Date of Birth *
10/01/2000
Gender *
Female
Street Address
3456 Testing Lane
County
Leon
City
Tallahassee
State
FL
Zip
32309
Location Where Injury Occurred *
Emergency Room
County Where Injury Occurred
Leon
Other Location Where Injury Occurred
Other location
Name of Institution *
[redacted]
Location of Institutional Injury *
Patients' Room
Other Location of Institutional Injury
Other location
Date of Occurrence *
08/13/2025
Date Reported to Insurer *
12/01/2025
Age at Occurrence
24
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
[redacted]
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

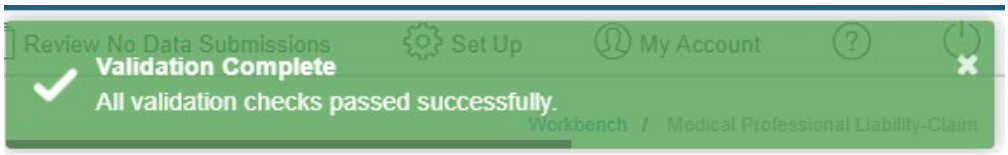

MEDICAL PROFESSIONAL LIABILITY-CLAIM
This page lists the tabs of the MPL claim. If you wish to copy the data from this claim in order to begin a new claim, please click the "Copy" button.
Workbench / Medical Professional Liability-Claim
Claim Number:
Test123
Coverage Type
Primary
Insurer Name
[redacted]
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



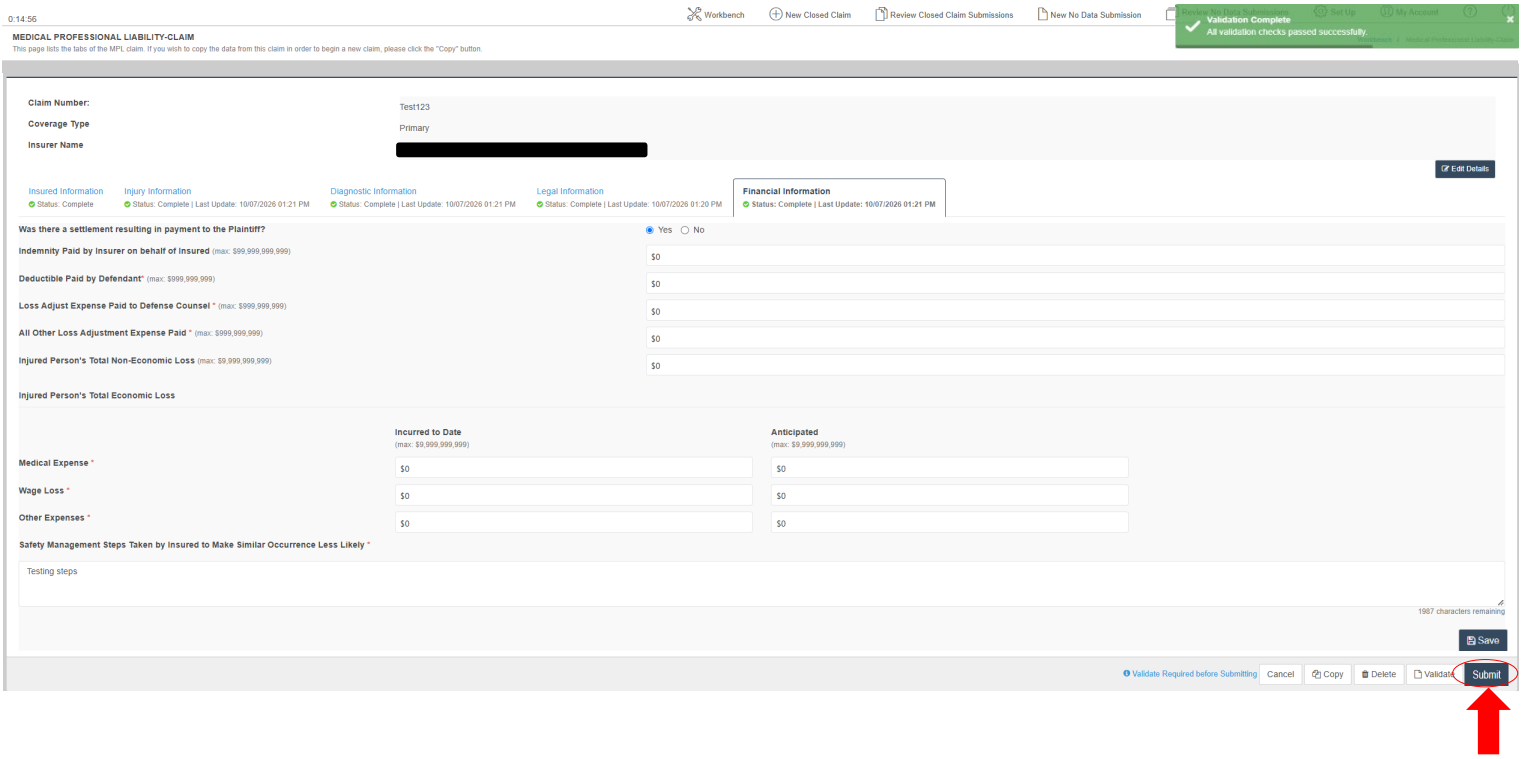
After all sections reflected as complete, proceed by selecting VALIDATE.



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.



As confirmation of the successful submission of the filing, an email will be generated to the Contact information provided. Please retain a copy of your confirmation.