**WAC 284-24C-040 *NAIC Statistical Handbook*—Medical professional liability statistical plan reporting requirements.** These data items, as specified by the *NAIC Statistical Handbook*, must be reported by each medical malpractice insurer to a medical malpractice statistical agent:

(1) Company number: Experience must be reported by the company number assigned by the medical malpractice statistical agent. Medical malpractice statistical agents must convert each company number to NAIC group and company code numbers.

(2) Accounting/calendar date:

(a) Accounting quarter (where applicable).

(b) Accounting year.

(3) Transaction identifier and amounts. Identify the following items and their respective amounts:

(a) Written premium.

(b) Paid losses.

(c) Paid allocated loss adjustment expenses.

(d) Outstanding losses.

(e) Outstanding allocated loss adjustment expense.

(4) Subline identifier:

(a) Hospital professional and other health care facilities liability.

(b) Physicians, surgeons, and dentists professional liability.

(c) Other health care professional liability.

(d) All composite rated risks.

(e) Indivisible premium policy experience.

(5) Classification codes. Individual industry classification codes describing specific coverage. In Washington, the current Insurance Services Office (ISO) five digit common statistical base classifications must be used.

(6) State indicator.

(7) Policy effective year:

(a) The effective date of the policy, defined as the beginning date of the declarations page or renewal certificate.

(b) For claims-made tail coverage, the date on which tail coverage began is required.

(8) Type of program indicator:

(a) Monoline; or

(b) Package.

(9) Date of entry into the claims-made program:

(a) The date of entry into the claims-made program is the retroactive date employed in claims-made coverage in order to exclude coverage for occurrences that took place prior to that date even though claims resulting from such occurrences are made within the policy period.

(b) Claims-made tail coverage records must include, in the date of entry into the claims-made program field, the date applicable to the basic and excess coverage.

(10) Type of policy contract identifier:

(a) Claims-made coverage - basic and excess.

(b) Claims-made coverage - tail.

(c) Occurrence coverage.

(11) Exposures. The applicable exposure is required for each of the subdivisions of experience for which separate classification codes and exposure bases exist. The current Insurance Services Office (ISO)

exposure reporting basis included with the common statistical base classifications must be used.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-040, filed 6/15/06, effective 7/16/06.]