Florida Office of Insurance Regulation

Professional Liability Claims Reporting (PLCR)

If you have any questions during your submission process, please contact
PLCR_Inquiries@fldfs.com

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
b. Medical malpractice
c. Other Liability
d. Private Passenger Auto Liability

e. Commercial Automobile Liability
f. Surplus Lines
g. Property & Casualty

PROFESSIONAL LIABILITY CLAIMS REPORTING

NO DATA SUBMISSION

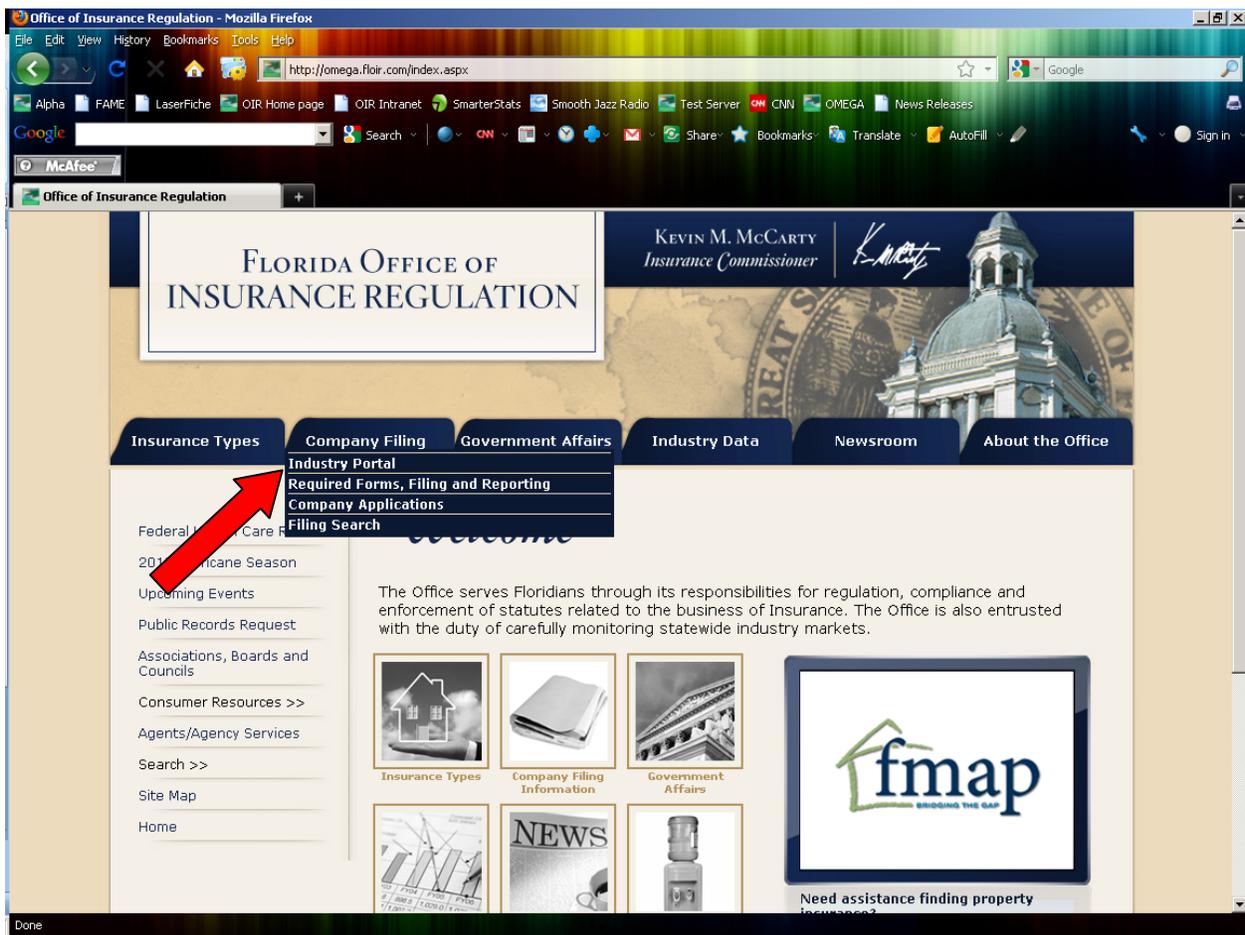If you need any assistance during the filing process, please contact the Office at:

PLCR_Inquiries@fldfs.com

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 under the "Company Filing" tab at www.floir.com .

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Address https://iportal.fldfs.com/ifile/default.asp

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OFFICE OF INSURANCE REGULATION

What would you like to do?

Florida

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iFILE

IMPORTANT NOTICES

- OIR 2008 Filing and Compliance Symposium Materials
- I-File Introductory User Guide – L&H
- I-File Introductory User Guide – P&C
- P&C RCS Training and User Manual

Common Tasks

- Set up an account
- Filing workbench
- What is the Industry Portal

Welcome to the Industry Portal

Welcome to the Florida Office of Insurance Regulation Industry Portal. The Industry Portal is a convenient, single point of entry to access the Filing Assembly and Submission System, online Rate Collection Systems, Quarterly Submission Reports, and other related content.

Pick a Category

- Form & Rate Filing Assembly and Submission
- Regulatory Electronic Filing System (REFS – Financial Related Filings)
- Data Reporting
- Data Collection and Analysis Modules (DCAM)
- QUASR Next Generation (QUASRng) **1st Quarter 2009 Forward**
- QUASR (Click here for FAQ's and Manual) Filing Quarters 2002 through 2008
- Office of Insurance Regulation Website
- Professional Liability Claims
- Workers Compensation Data Collection
- Update Contact Information
- iApply -- Online Company Admissions

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Professional Liability
PLCR
Claims Reporting

PLCR Logon

- **Create a new Account**
- **Retrieve password**
- **Help**

Welcome to PLCR

New to the FL DFS Industry Portal? Create a free account with us to begin using the Web site. If you already have an Industry Portal account (I-FILE or E-Appoint) please enter your user name and password to log on to the Web site.

User Name: [   ]

Password: [   ]

[Log On]

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

Industry Portal - Microsoft Internet Explorer

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Address https://iportal.fldfs.com/ifile/account/setup.asp?System=PLCR

- **View your account**

NOTE: The email address you fill in will be your User Name to access the Industry Portal. Please fill in an email address that you have access to, as you will need access to this email address to activate your account.

Personal

    * **First Name:** [   ]

    Middle Initial: [   ]

    * **Last Name:** [   ]

    * **E-Mail Address (User Name):** [   ]

    * **Password:** [   ]

    * **Re-type Password:** [   ]

Phone

    * **Phone Number:** [   ] [   ] [   ]

    Phone Extension: [   ]

    Fax Number: [   ] [   ] [   ]

Address

    * **Street:** [   ]

    Optional Street: [   ]

    * **City:** [   ]

    * **State:** [▼]

    * **ZIP/Postal Code:** [   ]

    * **Country:** [UNITED STATES ▼]

Position

Local intranet

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.

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Professional Liability
PLCR
Claims Reporting

No Data Submission

- **PLCR Workbench**
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- **New Aggregate Report**
- **New Reconciliation Report**
- **Submit Claims**
- **Review Submissions**
- No Data Submission
- **Review No Data Submissions**
- **Search**
- **Reports**
- **Set Up**
- **Help**

Submission

Special " No Data " Type

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.

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 and aggregate report for all claims information.

You must have already set up at least one insurer or self-insured entity in the Set up to use the wizard. Click here to exit the "No Data" submission wizard and set up an insurer in the Set up. Click "Next" to continue.

Cancel   Next

PLCR - No Data Submission - Microsoft Internet Explorer

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Address https://apps.fldfs.com/PLCR/NoDataSubmission/SelectClaimType.aspx   Go   Links   Convert   Select

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Professional Liability
PLCR
Claims Reporting

No Data Submission

- PLCR Workbench
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- Submit Claims
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Select Claim Type

Selecting Closed Claim will allow you to create a "No Data" submission for closed claims. Selecting Annual Aggregate Report for All Claims will allow you to create a "No Data" submission for the annual aggregate report for all claims. Select the type of claim report. Click "Next" to continue.

_____

Select type of Claim

⚪ **Closed Claim**   ➡

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.

⚪ **Annual Aggregate Report for All Claims**

By selecting this option, you affirm that you have no aggregate claims data to report for the latest 10 years prior to the previous 3 calendar years.

Cancel   Back   Next   ⬆

Select the appropriate category.

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Professional Liability
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No Data Submission

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Select Insurer Type

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

Select Type of Insurer

○ **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-Insured Entity**

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

Cancel   Back   Next

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Professional Liability
PLCR
Claims Reporting

Set Up

- **PLCR Workbench**
- Licensed Insurers
- **Self-Insured Entities**
- **Special Access Accounts**
- **Contact Information**
- **Help**

Search for an OIR Licensed Insurer

Use this page to search OIR's database for a licensed insurer to use for your special access account. Please fill in one or more of the following fields as your search criteria. Click "Search" to continue.

○ **Anywhere**   ⊙ **Starts With**   ○ **Exact Match**

Insurer Name: [_____]

FEIN: [_____]   Ex: 999999999

NAIC Company Code: [_____]   Ex: 99999

[Search] [Cancel]

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PLCR - No Data Submission - Microsoft Internet Explorer

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Professional Liability PLCR Claims Reporting

No Data Submission

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Select OIR Licensed Insurer

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.

	Insurer's Name	FEIN	NAIC Company Code
○			

Cancel Back Next

Done   Local intranet

PRIOR TO SELECTING NEXT, PLEASE REMOVE ALL DASHES (-) FROM THE ZIP CODE AND PHONE NUMBER FIELDS. IF NOT YOU WILL RECEIVE AN ERROR MESSAGE AND WILL NEED TO RESTART THE PROCESS ALL OVER.

PLCR - No Data Submission - Microsoft Internet Explorer

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Professional Liability
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No Data Submission

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No Data Submission Summary

Claim Type:	Closed
Insurer Name:	▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

☐ 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: [_____]

If you wish to process this submission, please click "Submit".

[Cancel] [Back] [Submit]

PROFESSIONAL LIABILITY CLAIMS REPORTING

DATA SUBMISSION

If you need any assistance during the filing process, please contact the Office at:
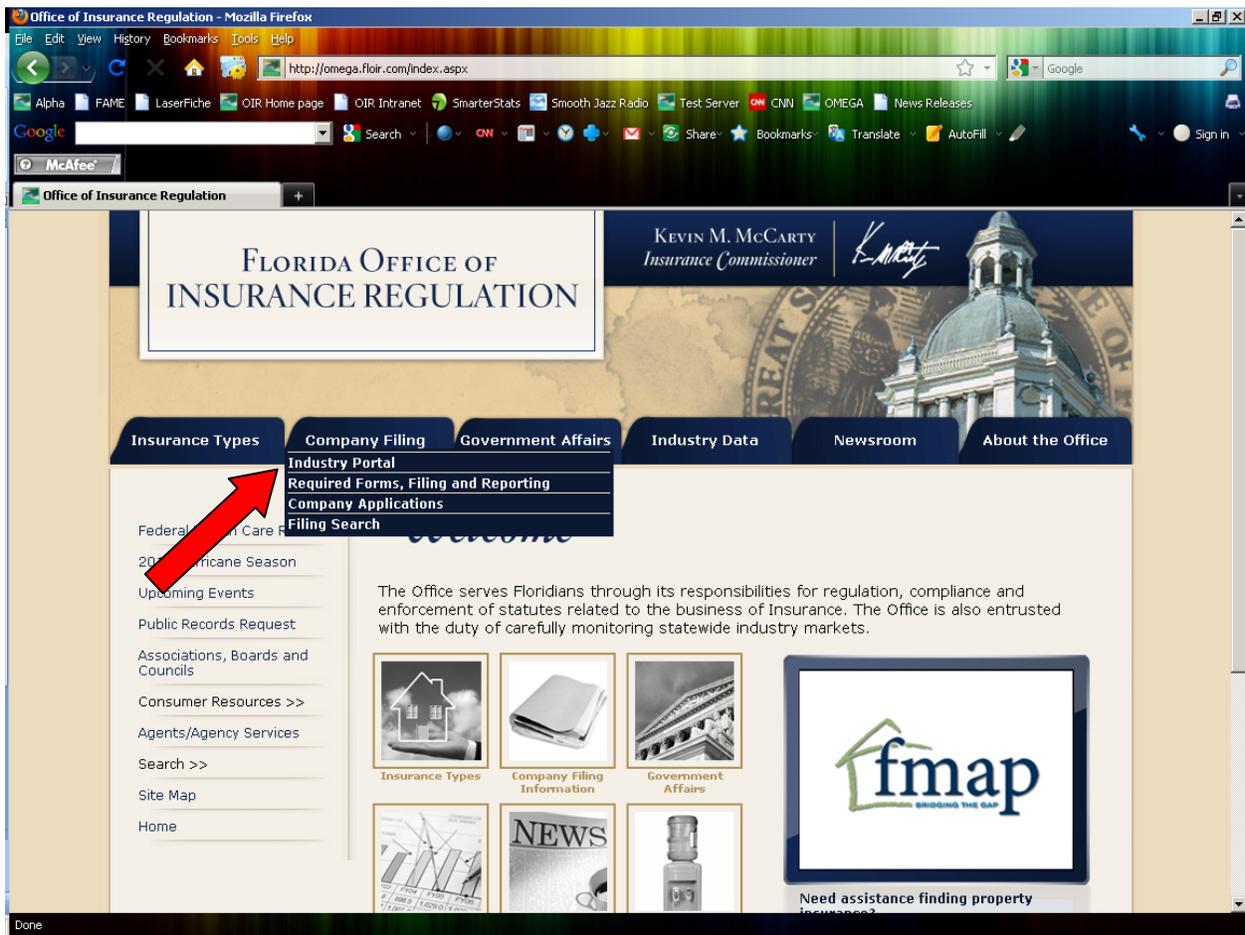
PLCR_Inquiries@fldfs.com

PROFESSIONAL LIABILITY CLAIMS REPORTING SYSTEM (PLCR)

NO DATA 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 under the "Company Filing" tab at www.floir.com .

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OFFICE OF INSURANCE REGULATION

What would you like to do?

Florida
Office of
Insurance
Regulation

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iFILE

IMPORTANT NOTICES

- OIR 2008 Filing and Compliance Symposium Materials
- I-File Introductory User Guide – L&H
- I-File Introductory User Guide – P&C
- P&C RCS Training and User Manual

Common Tasks

- Set up an account
- Filing workbench
- What is the Industry Portal

Welcome to the Industry Portal

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Pick a Category

Form & Rate Filing Assembly and Submission

Regulatory Electronic Filing System (REFS – Financial Related Filings)

Data Reporting

Data Collection and Analysis Modules (DCAM)

QUASR Next Generation (QUASRng) **1st Quarter 2009 Forward**

QUASR (Click here for FAQ's and Manual) **Filing Quarters 2002 through 2008**

Office of Insurance Regulation Website

Professional Liability Claims

Workers Compensation Data Collection

Update Contact Information

iApply -- Online Company Admissions

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Welcome to PLCR

New to the FL DFS Industry Portal? Create a free account with us to begin using the Web site. If you already have an Industry Portal account (I-FILE or E-Appoint) please enter your user name and password to log on to the Web site.

User Name: [   ]

Password: [   ]

[Log On]

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.

PLCR - Home - Microsoft Internet Explorer

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Professional Liability PLCR Claims Reporting

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Professional Liability Claims Reporting - Workbench

Listed below are the items you have in your workbench. To continue working on a claim, click on the claim number. To continue working on an aggregate report click on "Insurer Name". If you do not have a closed claim in your workbench, click New Closed Claim. If you do not have an aggregate report in your workbench, click New Aggregate Report.

Closed Claims

Claim Number	Insurer Name	Insurer Type	Form Type	Status	Occurrence Date
eiwe1858188		Licensed	DNO	Incomplete	
rioewp3993		Licensed	LPL	Incomplete	11/14/2007
test 123		Licensed	MPL	Incomplete	
test1331-9381932`		Licensed	MPL	Incomplete	02/20/2008

Sorted By CLAIM NUMBER ASC

Annual Aggregate Reports for all Claims

Insurer Name	Policy Type	Status	Reporting Year	Date Updated
No aggregate reports are currently in your workbench.				

Reconciliation Reports for Closed Medical Claims

Insurer Name	Calendar Year	Status	Date Updated
No reconciliation reports are currently in your workbench.			

| Get Closed Claims | Get Aggregate data |

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Start a New Closed Claim

Welcome to the New Closed Claim Wizard

These pages 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. Click "Next" to continue.

Next

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Select Insurer Type

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

Select Type of Insurer

○ **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-Insured Entity**

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

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Select OIR Licensed Insurer

To choose an insurer, click on an item in the list below. If you have no OIR licensed insurer in your workbench, please click "Add New Insurer" to add a new OIR licensed insurer to your workbench. Click "Next" to continue.

	Insurer's Name	FEIN	NAIC Company Code
○			
○			

Cancel   **Add New Insurer**   Back   Next

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Set Up

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Search for an OIR Licensed Insurer

Use this page to search OIR's database for a licensed insurer to use for your special access account. Please fill in one or more of the following fields as your search criteria. Click "Search" to continue.

○ Anywhere   ● Starts With   ○ Exact Match

Insurer Name: [   ]

FEIN: [   ]   Ex: 999999999

NAIC Company Code: [   ]   Ex: 99999

[Search] [Cancel]

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**Professional Liability
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Add Self-Insured Entity

Use this page to enter the self-insured entity information. Click "Save" to save your changes.

Type	First Name	MI	Last Name
Individual			

License Number (Ex: MM99999..)	FEIN (Ex: 999999999)	Self-Insured Entity Type
		Hospital

Cancel Save

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Select Coverage Type

Selecting coverage type will allow you to submit claims for an insurer according to the amount of coverage. Select the type of coverage. Click "Next" to continue.

Select Type of Coverage

○ **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.

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Enter Claim Number and Name

Please enter the claim number and assign a name to this Claim. If you are a self-insured entity, please create your own internal claim reference number or other identifying number. Click "Save" to continue.

Enter Claim Details

Claim Number: _____

Claim Name (Optional): _____

[Cancel] [Back] [Save]

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Professional Liability PLCR Claims Reporting

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Medical Professional Liability-Claim Summary

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

Claim Number:	test 123	**Coverage Type:** Primary	**Edit Details**
Insurer Name:	████████████		

MPL Reporting Form:

Section Name	Status	Last Update
Insured Information	Complete	7/25/2008 12:42:00 PM
Injury Information	Incomplete	
Diagnostic Information	Incomplete	
Legal Information	Incomplete	
Financial Information	Incomplete	

Cancel   Copy   Delete   Review   Validate   Submit

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PLCR
Claims Reporting
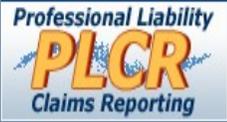
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Medical Professional Liability-Insured Information

| Claim Number: | test 123 | Coverage Type: Primary | Edit Details |
| Insurer Name: | | | |

Type *
Entity

Entity *
[redacted]

Street Address of Business Practice *
12232 kieiqnqn

City *
hudson

State *
Florida

County *
Broward

ZIP *
31108

Policy Number
1111111

Per Claim Policy Limits *
50,000

Aggregate Policy Limits *
1,000,000

Profession or Business *
Hospitals

Other Profession or Business

Cancel   Reset   Save

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Address   https://appst.fldfs.com/PLCR/MPL/Injury.aspx

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Medical Professional Liability-Injury Information

| Claim Number: | test 123 | Coverage Type: Primary | Edit Details |
| Insurer Name: | | | |

First * Test   **MI**   **Last *** Test   **Date of Birth *** 01/01/2001   **Gender *** Male

Address
12345 you are testing

City miami   **State** Florida   **Zip Code** 39834   **County** Dade

Location Where Injured * Physician's Office   **Other Location Where Injured**

County Where Injured Citrus   **Name of Institution ***

Location of Institutional Injury * Physical Therapy Department   **Other Location of Institutional Injury ***

Date of Occurrence * 01/01/2006   **Date Reported to Insurer *** 01/01/2008   **Age at Occurrence** 0

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Address https://appst.fldfs.com/PLCR/MPL/Diagnostic.aspx

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Medical Professional Liability-Diagnostic Information

| Claim Number: | test 123 | Coverage Type: Primary | Edit Details |
| Insurer Name: | ▓▓▓▓▓▓▓▓ | | |

Final diagnosis for which treatment was sought, including the patient's actual condition *
(Maximum 2000 characters allowed)

Operation

Description of the operation, diagnostic, or treatment procedure rendered causing the injury *
(Maximum 2000 characters allowed)

gastro-intestinal

Description of any misdiagnosis made of the patient's actual condition
(Maximum 2000 characters allowed)

instrument left

Description of the principal injury giving rise to the claim *
(Maximum 2000 characters allowed)

physical impairment

Diagnostic Code

Severity of Injury *

Temporary: Slight - Lacerations, contusions, minor scars, rash. No delay.

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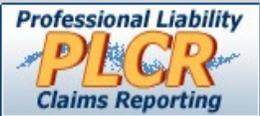
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Medical Professional Liability-Legal Information

| Claim Number: | test 123 | Coverage Type: Primary | Edit Details |
| Insurer Name: | ▇▇▇▇▇▇▇ | | |

Date of Suit   Circuit Court Case Number   County Suit Filed In   Date of Final Disposition

Final Method of Claim Disposition *   Date of Payment

Court Decision *

Other Court Decision

Stage of Legal System at Which Settlement was Reached *

Arbitration *

List of Other Defendants Involved in this Claim not Covered under this Policy

☐ No Other Defendants Involved in this Claim   Add/Update/Remove Defendant

Cancel   Reset   Save

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Address https://appst.fldfs.com/PLCR/MPL/Financial.aspx

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Medical Professional Liability-Financial Information

| Claim Number: | test 123 | Coverage Type: | Primary | **Edit Details** |
| Insurer Name: | | | | |

Was There a Settlement or Judgment Resulting in Payment to the Plaintiff?	○ Yes ● No
Amount of Indemnity Paid by Insurer on Behalf of the Insured	0
Amount of Deductible Paid by Defendant	0
Amount of Loss Adjustment Expense Paid to Defense Counsel *	0
All Other Loss Adjustment Expense Paid *	0
Amount Paid for Injured Person's Non-Economic Loss	0

Amount Paid For Injured Person's Economic Loss

	Incurred Expenses to Date	Anticipated Expenses
Medical *	0	0
Wage Loss *	0	0
Other *	0	0

Safety Management Steps Taken *(Maximum 2000 characters allowed)* *

Cancel Reset Save

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

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Address https://appst.fldfs.com/PLCR//common/closedclaims/validationresults.aspx

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Claim Validation Results

This page displays the claim validation results. Any validation errors are reported in the grid at the bottom of the page.

The MPL claim has Passed validation.

Done

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Medical Professional Liability-Claim Summary

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

| Claim Number: | test 123 | Coverage Type: | Primary | Edit Details |
| Insurer Name: | | | | |

MPL Reporting Form:

Section Name	Status	Last Update
Insured Information	Complete	7/25/2008 12:42:00 PM
Injury Information	Complete	7/31/2008 3:57:47 PM
Diagnostic Information	Complete	7/31/2008 3:57:47 PM
Legal Information	Complete	7/31/2008 3:55:22 PM
Financial Information	Complete	7/31/2008 3:57:47 PM

Cancel | Copy | Delete | Review | Validate | Submit

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Address https://appst.fldfs.com/PLCR//Submission/Select/ConfirmContactInformation.aspx Go   Links

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Claims Reporting

Submit Claims

- PLCR Workbench
- Select Insurers
- Select MPL Claims
- Select LPL Claims
- Select DNO Claims
- Select Aggregate Reports
- Contact Information
- Submission Validation
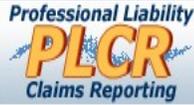- Submission Summary
- Submission Complete
- Help

Confirm Contact Information

Please provide contact information for this submission. Click "Next" to continue.

Contact Information:

| Type | First Name | MI | Last Name |
| Individual | | | |

Address

City | **State** | **Zipcode** | **Phone** | **Ext**

Fax | **Email**

Use Account Information   Cancel   Back   Next

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Professional Liability
PLCR
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Submit Claims

- PLCR Workbench
- Select Insurers
- Select MPL Claims
- Select LPL Claims
- Select DNO Claims
- Select Aggregate Reports
- Contact Information
- Submission Validation
- Submission Summary
- Submission Complete
- Help

Submission Summary

You have chosen to submit the following items:

Type	Insurer Name	Claim Number	Action
MPL Claim		test 123	Add New

You have chosen not to submit the following items:

Type	Insurer Name	Claim Number

☐ 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: [   ]

If you wish to process this submission, please click "Submit".

[Cancel] [Back] [Submit]

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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.