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| **STATE OF MAINE** |
| **LIABILITY CLAIM REPORT** |
|  |
| **Email Report to** **Research and Statistics Division****Email: Barbra.L.Garboski@maine.gov** |
|  |  |  |
| **Name and Address of Insurance Company** | Contact Person: |       |
|       | Title: |       |
|       | Telephone & Extension: |       |
|       | E-Mail Address: |  |
|       |       |
| **Pressing the F1 key on your keyboard will bring up HELP for the selected field** |
|  |  |
| **REPORT OF CLAIM**  |
| Date of Report: |       | Check here if this is a reopened claim: | [ ]  |  |
| **Claim Number:** | **Policy Number:** | **Insured’s Information** |
|       |       | Name: |       |
|  |  | Title: |       |
| **Class Description/Specialty:** | **Classification of risk:** | Affiliation: |       |
|       |      (ISO or Insurer Code No.) | Address 1 |       |
|  |  | Address 2 |       |
| **Date of Occurrence:** | **Place of Occurrence:** | City: |       |
|       |       | State: |    | Zip: |       |
|  |  | **Description of Occurrence:** |
| **Date Claim Asserted:** | **Amount Claimed:** (if stated) |        |
|       |       |  |
| Is wrongful death asserted as a claim? | Yes | [ ]  | No | [ ]  |  |
| **Professional License Number:** |       |  |
| Check If: |  |  |
| MD | [ ]  | DO | [ ]  | PA | [ ]  |  |
| Dentist [ ]  | Podiatrist [ ]  | Hospital [ ]  | Other [ ]  |  |
| Known Codefendant(s) and Claim Number(s)  | Known Codefendant(s) and Claim Number(s) |
| Name |       | Name |       |
| No. |       | No. |       |
| Name |       | Name |       |
| No. |       | No. |       |
| Name |       | Name |       |
| No. |       | No. |       |
|  |
| **REPORT OF DISPOSITION** |
| Date of Report:  |       | Check here if this is a reopened Disposition: | [ ]   |
| Date Suit Filed: | Docket Number: | Reviewed by pre-litigation screening panel?  |  | If NO, why? (Reason #) |
|       |       |  | Yes | [ ]  | No | [ ]  |  |  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 | [ ]  | 5 | [ ]  |
| Date of settlement, judgment,  | **Outcome of pre-litigation screening panel:**  | Standard of Care: |
| award, or closing of file: | Decision Date: |       | Causation: |  |
|       | § 2855(1)(A) Deviation from Standard of Care | Yes |  | No |  |
|  | § 2855(1)(B) Proximate Cause | Yes |  | No |  |
| Amount of award / settlement | § 2855(1)(C) Comparative Negligence | Yes |  | No |  |
|       | If case was dismissed by panel chair, check here | [ ]  |  |
|  | Reason for disposition (Place an X beside applicable number |
|  | 1. Settlement | [ ]  | 2. Dismissal | [ ]  | 3. Judgment for defendant | [ ]  | 4. Withdrawal | [ ]  |
| Allocated claims expense: | 5. Abandonment | [ ]  | 6. Judgment for Plaintiff | [ ]  | 7. Other | [ ]  explain in comments below |
|       |  |
|  |  |
| **Comments:** |
|       |