

§2601. Report of claim

Every insurer providing professional liability insurance in this State to a person licensed by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or to any health care provider shall make a periodic report of claims made under the insurance to the department or board that regulates the insured. For purposes of this section, a claim is made whenever the insurer receives information from an insured, a patient of an insured or an attorney that an insured's liability for malpractice is asserted. The report must include: [PL 1997, c. 126, §1 (AMD).]

1. Date and place. The date and place of the occurrence for which each claim was made; [PL 1977, c. 492, §3 (NEW).]

2. Name of insured; classification of risk. The name of the insured or insureds and the classification of risk; [PL 1977, c. 492, §3 (NEW).]

3. Incident or occurrence for claim. The incident or occurrence for which each claim was made; [PL 1977, c. 492, §3 (NEW).]

4. Amount. The amount claimed; [PL 1977, c. 492, §3 (NEW).]

5. Arbitration agreement. [PL 1997, c. 592, §8 (RP).]

6. Filing of suit or arbitration. [PL 1997, c. 592, §8 (RP).]

7. Other information. Such other information as may be required pursuant to section 2603. [PL 1977, c. 492, §3 (NEW).]

The failure of any insurer providing professional liability insurance in this State to a person licensed by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or any health care provider to report as required is a civil violation for which a fine of not more than \$1,000 may be adjudged. [PL 1993, c. 600, Pt. B, §§21, 22 (AMD).]

SECTION HISTORY

PL 1977, c. 492, §3 (NEW). PL 1985, c. 804, §§8,22 (AMD). PL 1991, c. 534, §3 (AMD). PL 1993, c. 600, §§B21,22 (AMD). PL 1997, c. 126, §1 (AMD). PL 1997, c. 592, §8 (AMD).

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