The 1997 Texas Liability Insurance Closed Claim Annual Report

Texas Department of Insurance

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Background

This is the tenth Texas Liability Insurance Closed Claim Annual Report prepared by the Texas Department of Insurance (TDI) in accordance with the provisions of Article 1.24B, *Texas Insurance Code*. The legislative history of this statute indicates that there was an absence of reliable information concerning liability insurance claims, related court actions and other information pertinent to the claims settlement process and the civil justice system in Texas. The reporting requirements contained in this statute provide TDI with the authority to gather liability claims information and the responsibility of compiling the data and issuing an annual report. Following the statutory distinctions, the State Board of Insurance adopted two separate forms; the short form relating to liability claims closed with bodily injury indemnity settlements over $10,000 but less than $25,000; and the long form which relates to those claims with settlements of $25,000 or more.

TDI collects the forms on a quarterly basis and reviews the forms manually and electronically to monitor data quality. Insurers submit over 17,000 claims per year that account for over $1 billion in paid settlements.

Introduction

The data utilized in the preparation of this report include 17,173 commercial liability closed claims involving bodily injury settled under Texas law that were submitted for calendar year 1997 on the Quarterly Closed Claim Reports for the following lines of insurance:

- General Liability
- Medical Professional Liability
- Other Professional Liability
- Commercial Automobile Liability
- The Liability Portion of Commercial Multi-peril Insurance

The quarterly closed claim database includes claims from 356 insurance companies and eight self-insurers. Claims included in the database have been settled or otherwise disposed of, and the insurer has made all indemnity and expense payments on the claim. These reports do not include property damage, open claims, or claims not settled under Texas law.

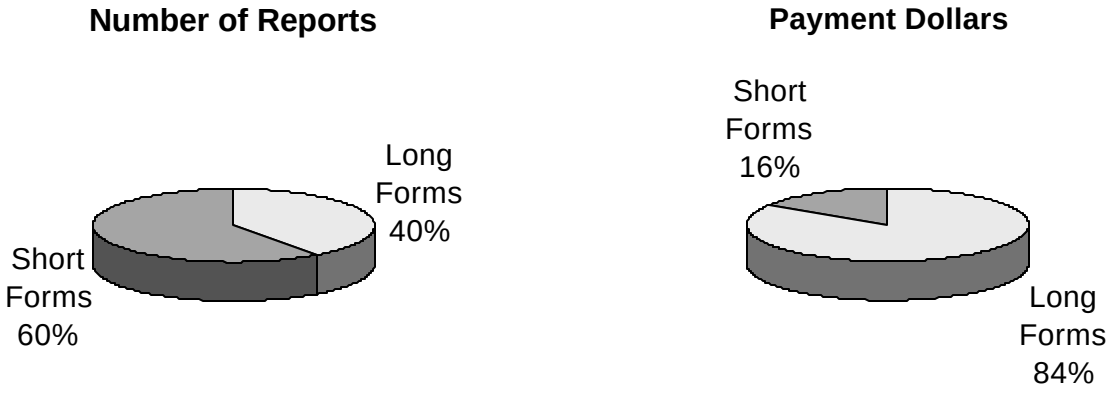
One carrier submitted 6,852 reports for the Other Products Manufacturers business class due to the settlement of an unusually large number of related claims. Most of these claims were below $25,000 and had an impact on many of the figures in this report. We believe this high claim volume was an anomaly and not indicative of a trend. See page 29 of this report for further information on these claims.

Payment amount in this report refers to the amount paid by the primary carrier on line 12 A.1 of the quarterly closed claim reports. Settlement amount refers to the amount paid by all parties on line 12 A.7 of the quarterly closed claim reports. The settlement amount may include payments from other insurers, the insured, excess carriers and other defendants that may not submit closed claims due to the reporting requirements.

Of the 17,173 forms available for the preparation of this report, 10,246 were short forms that are defined as claims with bodily injury settlements of greater than $10,000 but less than $25,000. Long forms accounted for the other 6,927 claims and include bodily injury settlements of $25,000 or more. Although they account for 60% of all reports, only 16% of the total payments were reported on the short forms as illustrated in Figure 1.

FIGURE 1

SHORT FORM VS. LONG FORM

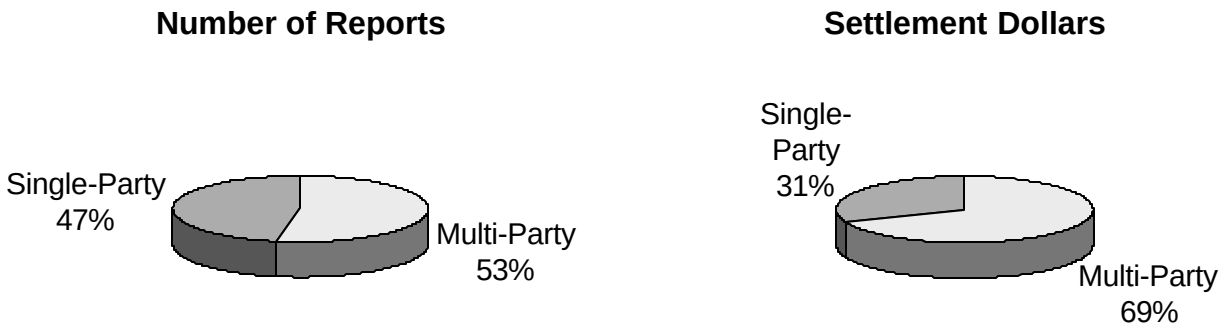


The report differentiated between the single defendant cases (single-party) and the more complex cases that involved multiple defendants (multi-party). Single-party claims involve only payments by the reporting insurer as primary carrier and/or payments by the insured for deductibles or payments in excess of policy limits. Multi-party claims which involve payments by excess carriers or amounts paid on behalf of other defendants, account for 53% of the 1997 reports and 69% of the settlement dollars as shown in Figure 2.

Carriers report the amount they paid on a claim as well as the total known settlement amount paid to the claimant. The total settlement amount may include payments from other insurers, the insured, excess carriers and other defendants. Although single-party claims make up the majority of all claim reports, the majority of settlement dollars come from multi-party claims.

FIGURE 2

SINGLE-PARTY VS. MULTI-PARTY



Payments and Expenses

A total of $1,601,921,048 in settlements from 17,173 closed claim forms are included in this report as shown in the last line of Figure 3. One should keep in mind that the total settlement amount might be incomplete. Reports indicating involvement of other contributing parties may not have included the other contributing party's payments in the total settlement amount.

It is also possible for a closed claim report to indicate payment by more than one contributing party; therefore, the number of claims shown on the "Total settlement" row may not equal the sum for each of the contributing parties.

FIGURE 3

1997 CLOSED CLAIM DATA BASE SUMMARY

CONTRIBUTING PARTIES	Claims	Amount Paid
Primary carrier	16,781	$1,062,794,497
Insured due to deductible	699	$46,205,367
Insured in excess of policy limits	36	$3,218,259
Excess carrier	166	$88,176,757
Other insured defendants	1,068	$339,473,187
Other uninsured defendants	189	$62,052,981
Total settlement	**17,173**	**$1,601,921,048**

Figure 4 shows the average payment amount for all claims was $61,888. The single-party average claim payment was $58,839 as compared to the multi-party average claim payment of $64,613.

FIGURE 4

THE AVERAGE 1997
COMMERCIAL LIABILITY CLAIM
SINGLE-PARTY VS. MULTI-PARTY

Average	Single-Party	Multi-Party	All Forms
Payment Amount	$58,839	$64,613	$61,888
Final Indemnity Reserve	$67,316	$71,369	$69,456
Allocated Loss Adj. Expense	$10,114	$14,237	$12,291
Final Expense Reserve	$6,778	$7,725	$7,278
Claim Duration (Months)	19.9	23.3	21.7

It appears that the majority of payments paid by the primary carrier occur in a small number of claims. Although claims with payments greater than $150,000 comprise only 8% of claims reported, they account for over 55% of the total dollar amount of payments reported in the study. Claim payments of $1,000,000 and over are usually multi-party claims. These ranges are shown in Figure 5 below.

FIGURE 5

NUMBER OF PAYMENTS BY PAYMENT RANGE

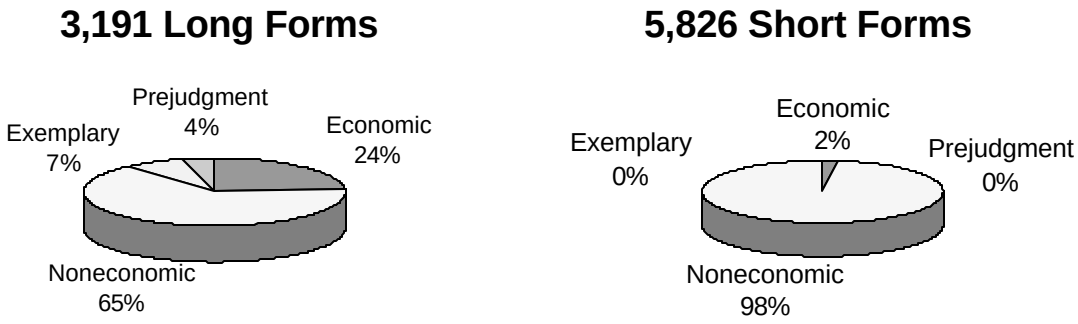
Payment Range	Single-Party	Multi-Party	Total
$10,000 and less	367	99	466
$10,001 - $24,999	4,351	5,868	10,219
$25,000 - $74,999	1,950	1,880	3,830
$75,000 - $149,999	706	516	1,222
$150,000 - $299,999	417	358	775
$300,000 - $499,999	162	144	306
$500,000 - $999,999	128	120	248
$1,000,000 and over	25	82	107
ALL	8,106	9,067	17,173

If the settlement was $25,000 or greater, adjusters were asked for their opinions as to whether the settlement was influenced by non-economic losses, exemplary damages or prejudgment interest. For the 3,191 forms that were believed to be influenced by damages other than economic, 24% of the damages were designated to economic losses, 65% to non-economic losses, 7% to exemplary damages, and 4% to prejudgment interest. These percentages are displayed in Figure 6.

On the short forms, adjusters were asked for their opinions as to whether the potential for the assessment of exemplary damages influenced settlement amounts. They were asked to allocate damages into categories when exemplary damages influenced the settlement. These categories are (1) economic losses; (2) non-economic losses; (3) exemplary damages; and (4) prejudgment interest. In the adjusters' opinions, there were 5,826 settlements of less than $25,000 that were influenced by exemplary damages. The percentages by categories are also shown in Figure 6.

FIGURE 6

DAMAGES
INFLUENCED BY EXEMPLARY DAMAGES



The available data from 6,927 long forms indicates the use of structured settlements in the final resolution of 394 indemnity claims (6%). These structured settlements amounted to $244,370,423 with an average settlement amount of $620,230 and a median settlement amount of $297,500. In these 394 cases, the immediate payment was on average 65% of the total settlement amount, while the structured portion was 35% of the total settlement amount.

Of the 6,927 long forms, 3,626 (52%) indicated that they were aware of the availability of some collateral sources of reimbursements to the injured person. Since claimants are not required to make this information available to insurers, this data may not have been reported in all cases where collateral sources were available. Figure 7 shows the collateral sources reported.

FIGURE 7

COLLATERAL SOURCES

Collateral Sources	Number of Forms
Workers' Compensation	1,580
Medical Insurance	921
Disability Insurance	63
Social Security Benefits	856
Medicare, Medicaid	398
Sick Leave	65
Other	124

Insurers were asked on all forms to divide their loss adjustment expenses into three categories: (1) outside defense counsel; (2) in-house defense counsel; (3) other expenses. A total of 3,246 forms indicate no allocated loss adjustment expense for the claim reported.

One of the three categories of expense was shown on the other 13,927 reports. Figure 8 shows the relationship of loss adjustment expenses to claim payments. The ALAE to payment ratio increased as average payment increased. Since unallocated loss adjustment expenses are not reported on the closed claim forms, the data in this section understates the amount of expenses incurred while settling the claim.

FIGURE 8

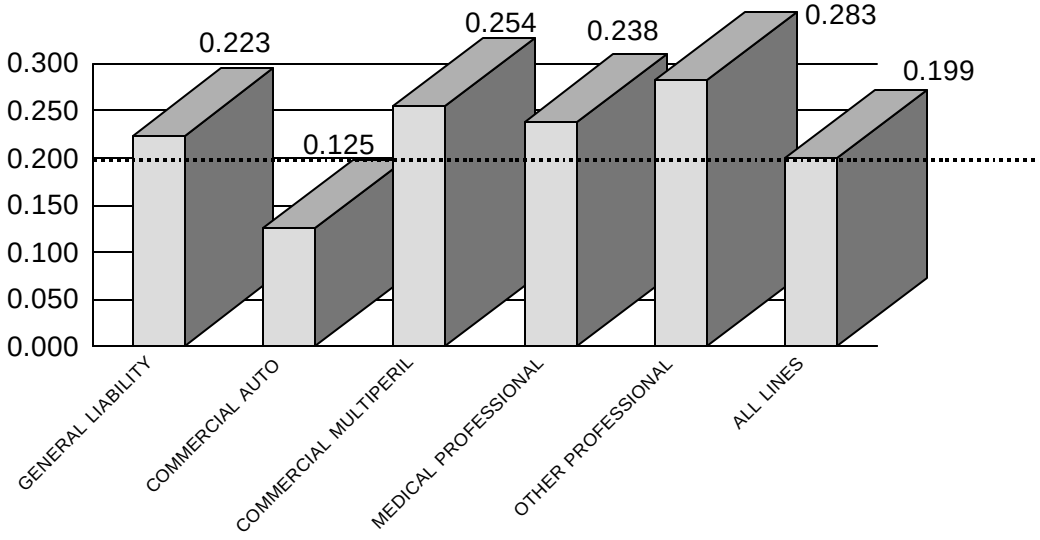
RATIO OF ALAE TO CLAIM PAYMENT BY ALAE RANGE

ALAE Range	Claims	Average Payment	ALAE/Payment Ratio
$0	3,246	$35,225	0.000
$1 - $ 2,999	6,015	$25,081	0.086
$3,000 - $ 5,999	2,282	$34,798	0.117
$6,000 - $ 9,999	1,655	$61,997	0.133
$10,000 - $24,999	2,091	$91,089	0.173
$25,000 - $49,999	978	$136,806	0.258
$50,000 and over	906	$321,539	0.370
Total	**17,173**	**$61,888**	**0.199**

The data from all forms indicates that the average allocated loss adjustment expense was 19.9% of the insurer's payment. Figure 9 compares the ALAE/Payment ratio by line of insurance. Claims without allocated adjustment expenses are included. The ratio for all lines of 0.199 is shown by a dotted line for comparison purposes.

FIGURE 9

ALAE/PAYMENT RATIO BY LINE OF INSURANCE

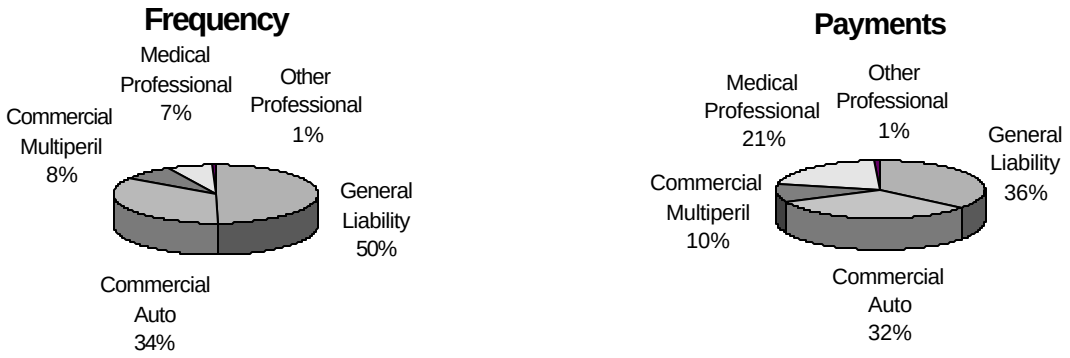


Insurance Policy Data

Commercial auto liability claims represent 34% of the closed claim reports filed and 32% of the insurer payments. General liability claims represent 50% of the closed claim reports filed and 36% of the insurer payments. Claims related to the liability portion on commercial multi-peril policies represent 8% of the reports filed and 10% of the insurer payments. Medical professional liability claims represent 7% of the reports filed and 21% of the insurer payments. Other professional liability claims represent 1% of the reports filed and 1% of the insurer payments. Only 94 cases involve other professional liability; therefore, the data relating to that line is highly variable and is treated accordingly. Figure 10 illustrates the comparative relationship between numbers of claims and amounts of claim payments among the five lines of insurance.

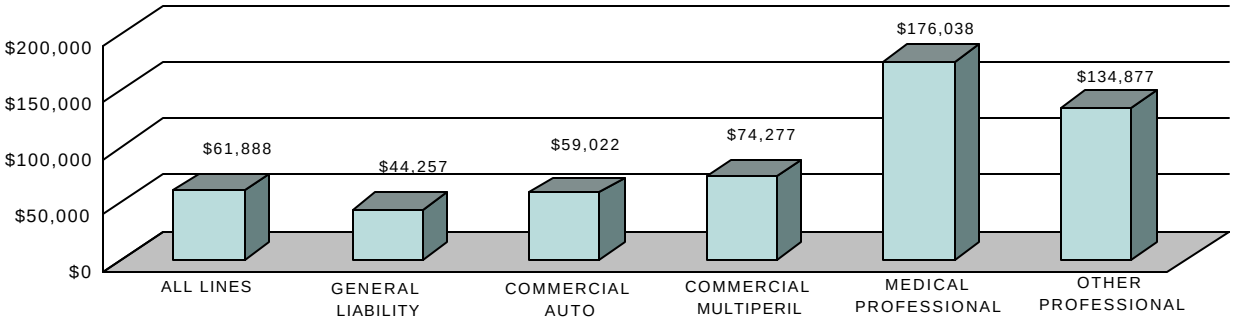
FIGURE 10

DISTRIBUTION OF CLAIMS AND CLAIM PAYMENTS BY LINE



Based on all forms from all lines, the average insurer payment is $61,888. Claims involving medical professional liability reflect the highest average with an average payment of $176,038. Commercial auto claims average $59,022, considerably below the average. These comparisons are illustrated in Figure 11. Note that these averages do not include settlements of $10,000 or less.

FIGURE 11
AVERAGE PAYMENT
ALL LINES COMPARISON



Among the major insured business classifications reviewed, claims were most frequently cited in other products manufacturing, wholesale-retail trade, other (miscellaneous), transportation, and construction firms. Twenty-six business classifications are included on the closed claim forms. The twelve business classifications listed in Figure 12 account for over 96% of the total reported claims and total payments reported for calendar year 1997.

FIGURE 12

FREQUENCY OF CLAIMS
BY BUSINESS CLASSIFICATION

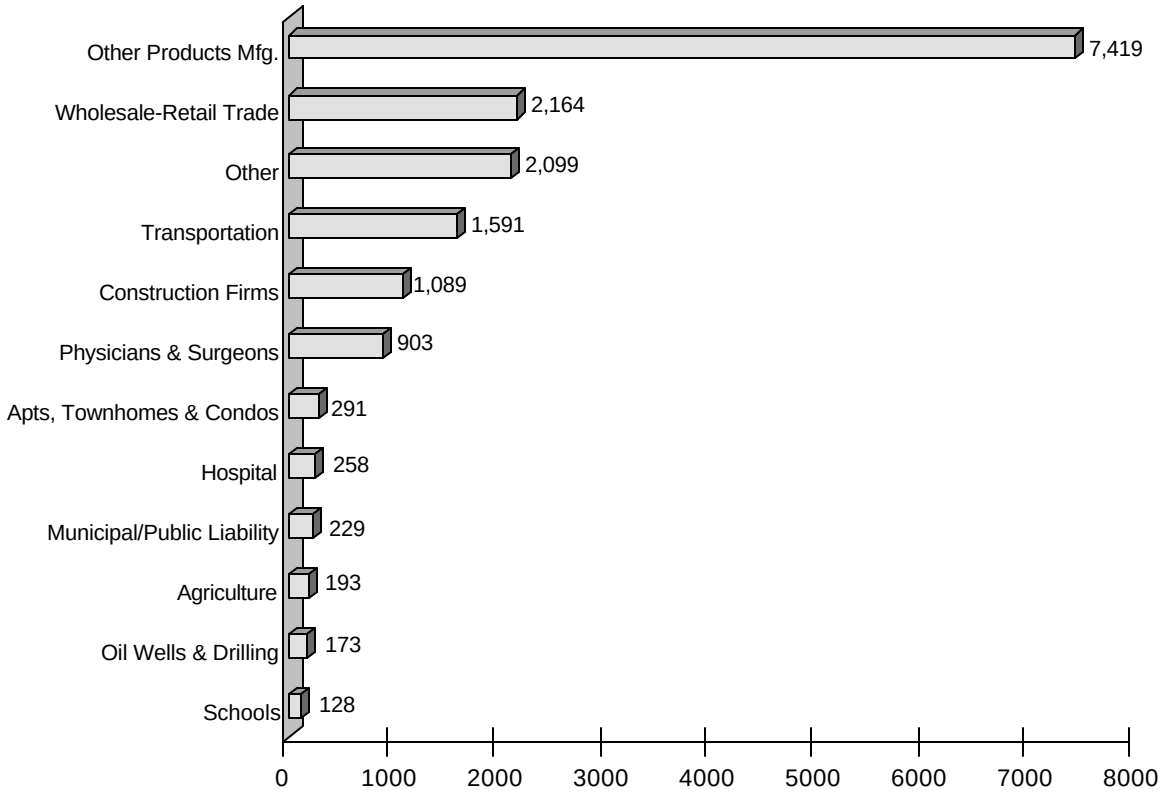
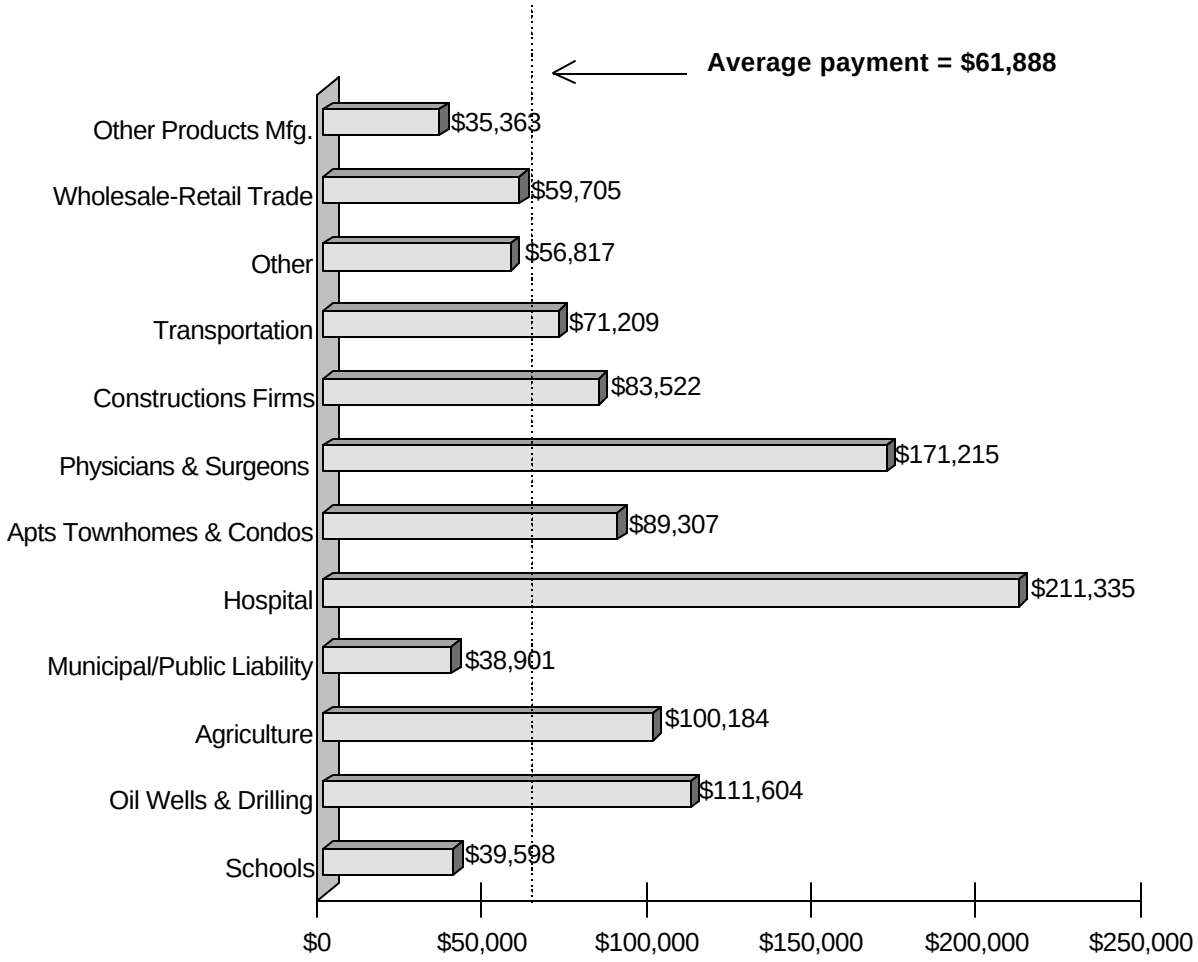


Figure 13 compares the average payment for each of the twelve major business classifications shown in Figure 12. The all lines average payment amount of $61,888 is represented by a dotted line for comparison purposes. Hospitals had an average claim payment of $211,335, the highest of the major classifications.

FIGURE 13

MAJOR BUSINESS CLASSIFICATIONS
AVERAGE CLAIM PAYMENT



A comparison of final demand or payment to the policy limit may be misleading due to the presence of multiple claimants and/or property damage in an occurrence. However, a minimum number of injuries affected by impaired or exhausted policy limits can be determined from the closed claim forms.

Figure 14 shows 439 claims (3%) were affected by impaired or exhausted policy limits while 68 (15%) of those claims involved excess carriers. The most frequent policy limit was $1,000,000 for each line of insurance, except general liability. The most frequent policy limit for general liability claims was $500,000.

FIGURE 14

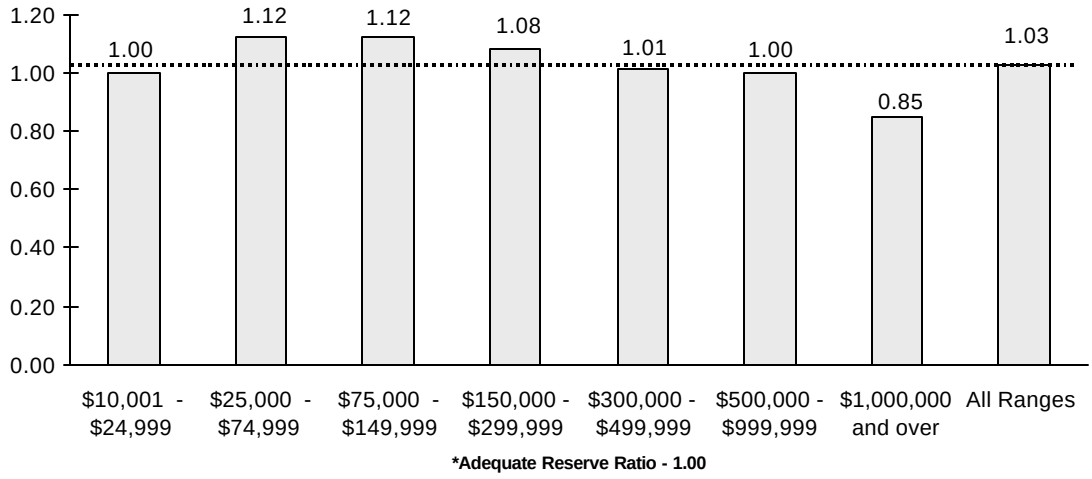
IMPAIRED OR EXHAUSTED POLICY LIMITS BY LINE OF INSURANCE

Line of Insurance	Frequency	Average Payment	Excess Coverage Involved
General Liability	45	$984,591	19
Commercial Auto	238	$177,730	32
Commercial Multi-peril	21	$879,405	7
Medical Professional	135	$388,865	10
All Lines	**439**	**$358,931**	**68**

Since some insurers include expense reserves with indemnity reserves, they were combined in this report. The sum of the payment and allocated loss adjustment expenses is designated as an expenditure. Overall, the average initial case basis reserve ($22,990) was 31% of the average expenditure ($74,178). Thirty-one percent of the claims were over-reserved by $207,237,799 (just before the claim closed) while 63% were under-reserved by $163,342,119. The aggregate data from all forms indicates that expenditures were over-reserved by an average of 3%. A comparison by line of insurance is shown in Figure 15.

FIGURE 15

ALL LINES RATIO OF FINAL CASE BASIS RESERVES TO EXPENDITURE BY EXPENDITURE RANGE



Bodily Injury

The long form contains information relating to the type of injury, how the injury occurred, and the age of the injured person. Eighteen separate types of injuries are listed on the long form and insurers are instructed to select all applicable types of injuries. Please note that some forms may have incomplete settlement amounts because they are multi-party claims. The data from 6,927 long form settlements indicates that back injuries were the most common type of injury as shown in Figure 16. Insurers were instructed to select all the types of injuries applicable to the claim. Thus, in cases other than death, the same claim may be shown under more than one category of injury.

FIGURE 16

INJURY TYPE
NUMBER OF CLAIMS

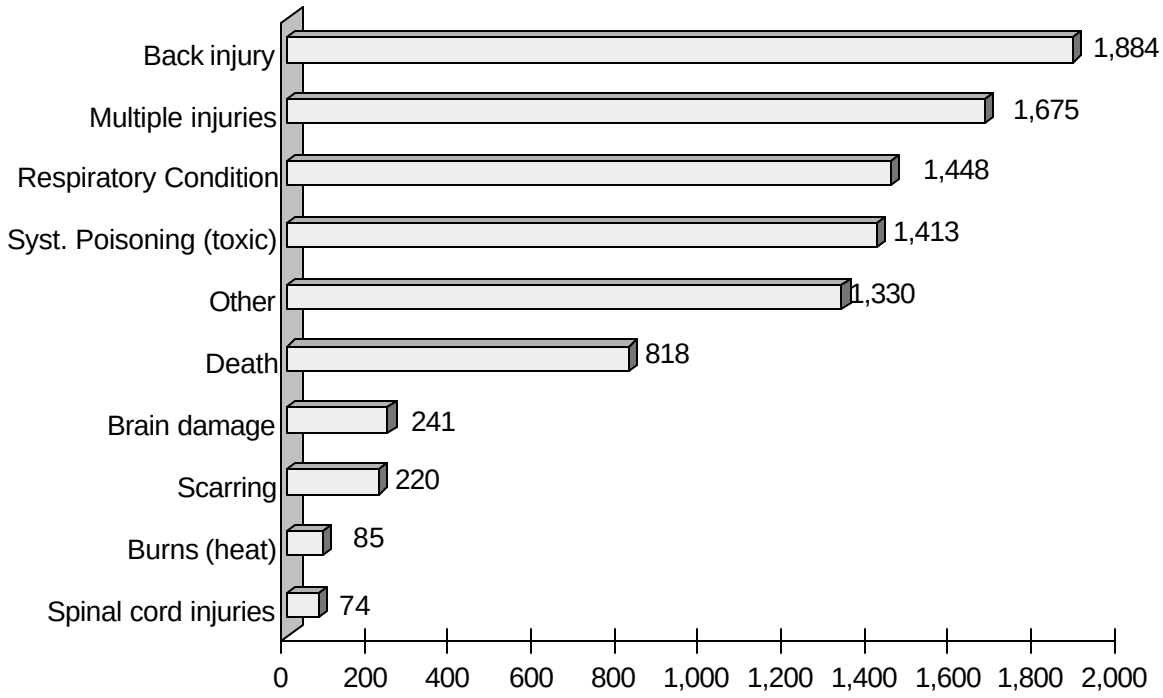
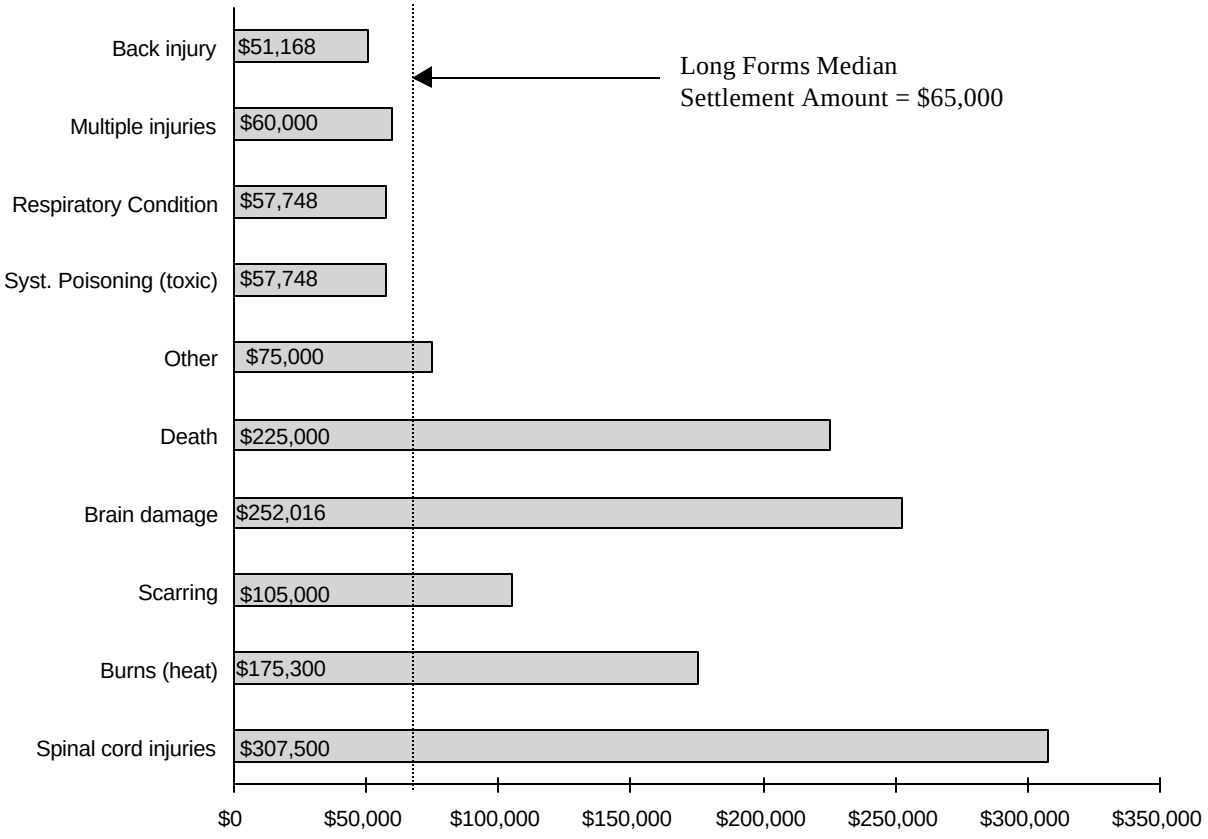


Figure 17 shows settlement amounts by injury type. Because of the possibility of duplicate reporting of injuries and the effect a large claim could have on the average claim amount, median settlement figures are used. The most serious and costly claims closed in 1997 involved spinal cord injuries.

FIGURE 17

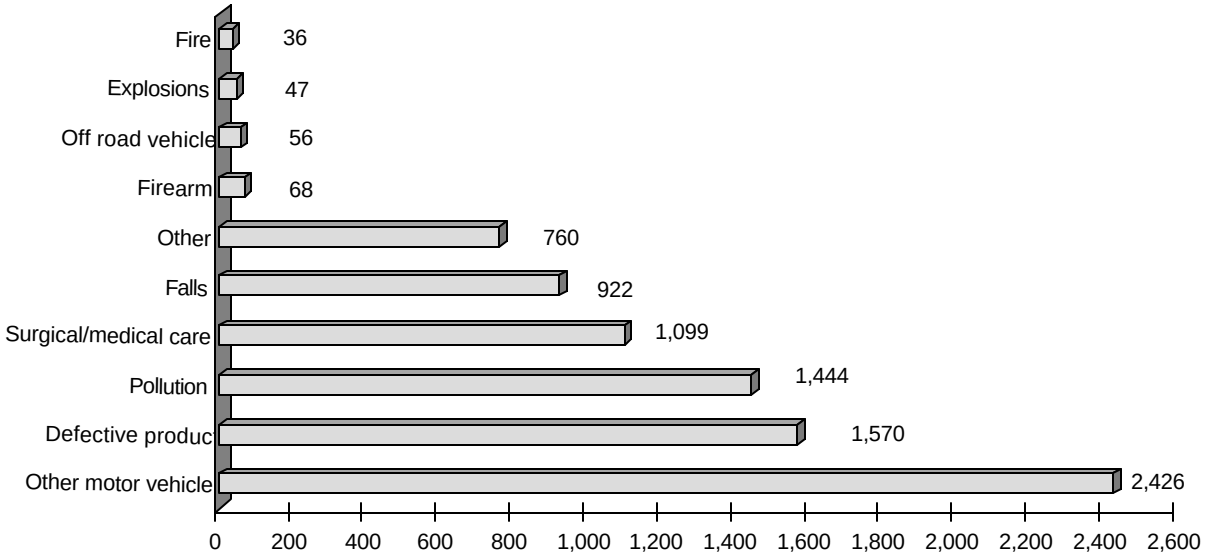
INJURY TYPE
MEDIAN SETTLEMENT AMOUNT



The long form also has 15 categories based upon the activity engaged in at the time of the injury. The ten most frequent activities are shown in Figure 18. The adjusters' opinions here are subjective and may include more than one activity. For example a claim involving a defective automobile may be marked as use of defective product, motor vehicle or both. The operation of a motor vehicle was indicated as the most common injury related activity.

FIGURE 18

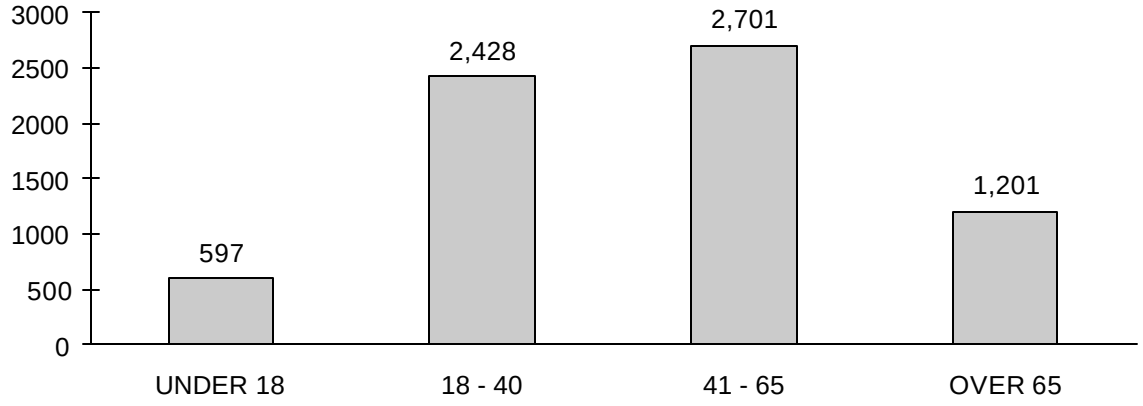
HOW THE INJURY OCCURRED
NUMBER OF CLAIMS



The age of the injured person at the time of injury was reported only on the long forms. Figure 19 indicates the age distribution. The median age of the injured party was 44 years.

FIGURE 19

ALL INJURIES
AGE DISTRIBUTION



There were 13,383 injuries that occurred in Texas and 3,790 injuries that occurred outside of Texas. Figure 20 shows the Texas counties with 100 or more injuries and shows the ratio

of claims to county population. The statewide ratio is 88.34 claims for every 100,000 population.

FIGURE 20

WHERE THE INJURY OCCURRED

COUNTIES WITH 100 OR MORE INJURIES

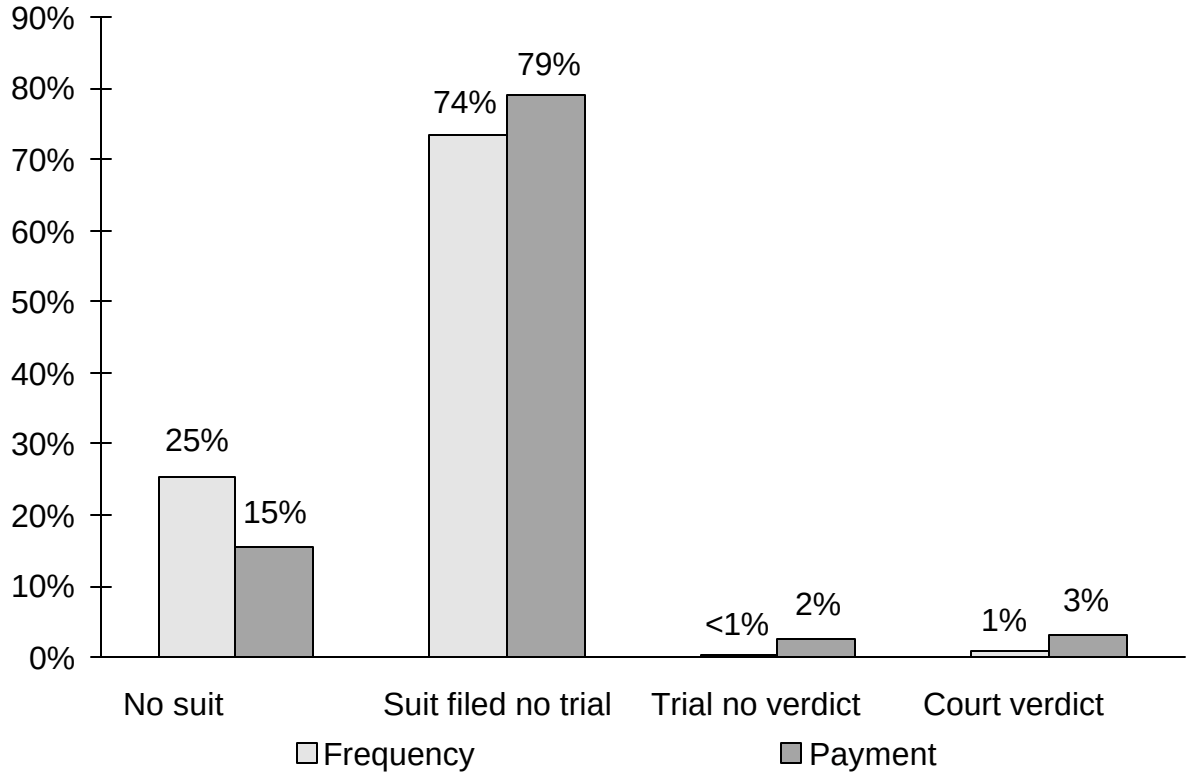
County	Number of Claims	Number of Claims/ 100,000 Population	Median Settlement Amount	Maximum Settlement Amount
Harris	2,990	94.68	$24,432	$13,250,000
Dallas	1,712	84.71	$21,000	$5,000,000
Jefferson	1,111	448.62	$17,769	$10,164,766
Bexar	748	56.04	$25,128	$4,500,000
Tarrant	687	51.70	$24,000	$11,008,411
Orange	509	601.63	$17,769	$1,325,000
Galveston	465	192.04	$24,432	$35,000,000
Travis	378	54.50	$25,000	$7,100,000
El Paso	371	54.27	$24,000	$6,000,000
Brazoria	333	148.06	$24,432	$1,252,405
Hidalgo	302	59.06	$25,000	$5,500,000
Nueces	294	94.38	$22,338	$12,830,000
Collin	143	35.62	$27,500	$1,100,000
Cameron	132	41.70	$25,000	$1,120,106
Denton	110	29.61	$31,375	$1,400,000
Lubbock	105	45.17	$25,211	$1,000,000
Smith	102	61.56	$30,000	$675,000

Claims Process

As can be seen in Figure 21, only one percent of all reported settlements involved a court verdict. The overwhelming majority of claims were settled without the necessity of a trial. There were court verdicts for 151 injuries reported on 24 short forms and 127 long forms. Since the claim settlement process does not end with the trial court's verdict, the closed claim forms were designed to capture data relating to the court verdict and the final settlement. The other defendants or the excess carrier may have contributed to the settlement without being involved in the court verdict and may have agreed to a settlement before or after a verdict. Since the total settlement amount for multi-party claims may be inaccurate or unknown, the section on court verdicts deals only with the payments of the 145 claims that appear to be complete.

FIGURE 21

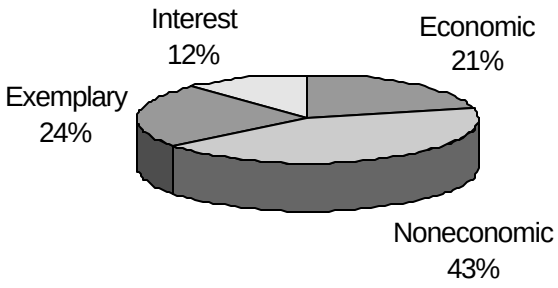
STAGES OF THE CLAIMS PROCESS



All closed claims that involved a court verdict required a distribution of the court verdict into four distinct categories of damages. The allocation of the verdict amount into damages is indicated in Figure 22.

FIGURE 22

COURT VERDICTS
DAMAGES BY CATEGORY



In reviewing the court verdicts in Figure 23 it was found that, on average, the verdict amount was reduced by 30% before the case was finally settled.

FIGURE 23

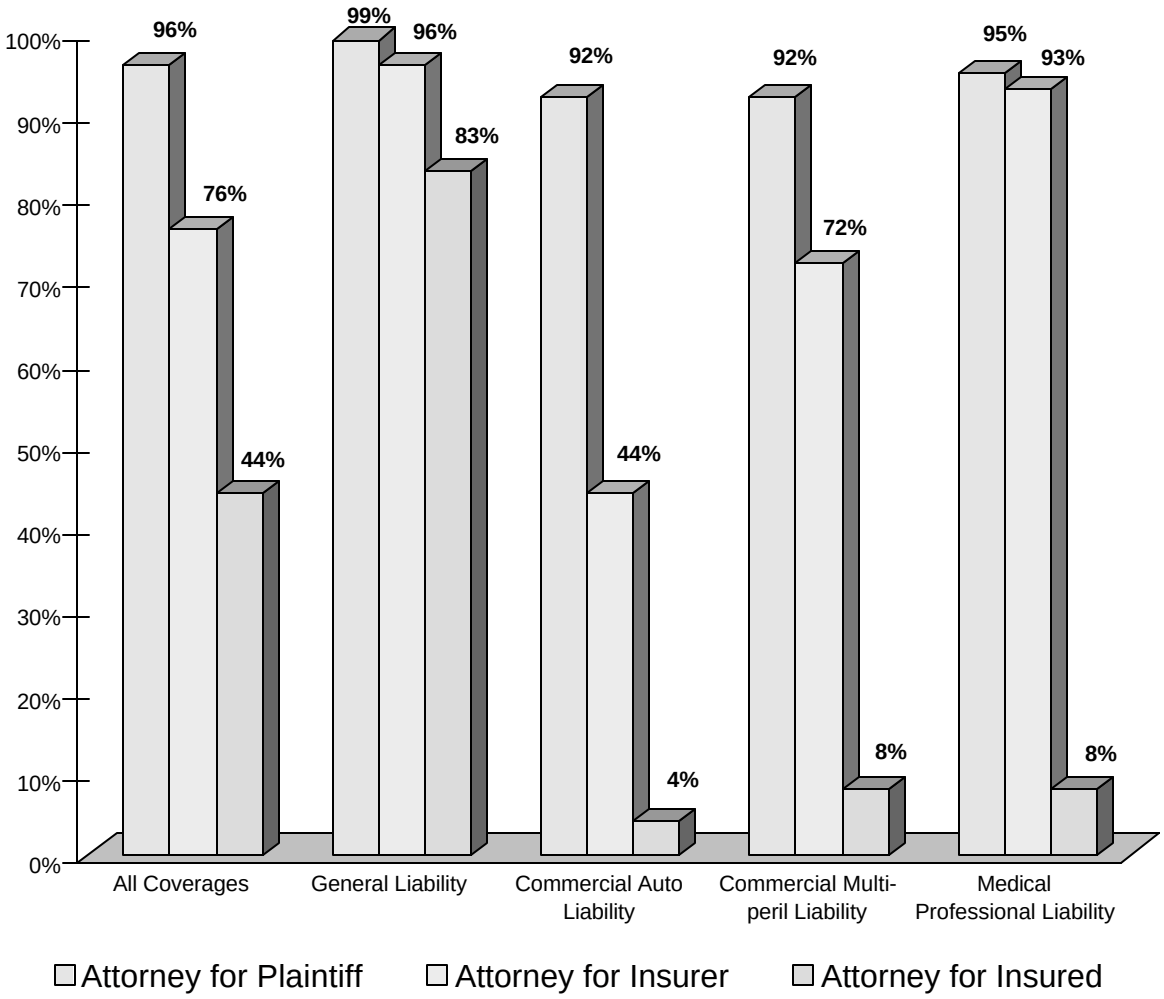
COURT VERDICT VS. SETTLEMENT AMOUNT

	Claims	Total Verdict Amount	Total Settlement Amount	Amount of Difference	Percent Difference
Verdict more than settlement	59	$70,964,263	$45,489,196	$-25,475,067	-35.9%
Verdict equal to settlement	55	$3,949,706	$3,949,706	$0	0.0%
Verdict less than settlement	31	$4,231,287	$6,225,642	$1,994,355	47.1%
Total	**145**	**$79,145,256**	**$55,664,544**	**$-23,480,712**	**-29.7%**

The data from all 17,173 reports shows that 96% of all cases indicated the involvement of an attorney on behalf of the injured person (plaintiff), while 76% indicated an attorney for the insurer, and 44% indicated the hiring of an attorney to represent the insured. Figure 24 summarizes the attorney involvement for all policy lines studied except “other professional liability”.

FIGURE 24

ATTORNEY INVOLVEMENT BY LINE



There were 3,230 multiple-defendant cases that were settled before a court verdict and 48 judgments involving multiple defendants. In 1,815 (56%) of the 3,230 cases settled prior to a court verdict, the doctrine of joint and several liability impacted the settlement. Nineteen of the 48 judgments involving multiple defendants provided for joint and several liability in regard to any defendant.

Focusing on the doctrine of comparative responsibility, a total of 1,374 cases (20% of all long form settlements) indicate some fault attributable to the injured person. These 1,374 cases had a median settlement amount of $71,110 (exceeding the all long forms' median of $65,000) and, on average, estimated the injured person to be 34% at fault.

Generally, Texas law allows a plaintiff to bring suit in one of several counties (See Chapter 15, *Texas Civil Practices and Remedies Code*). Figure 25 presents the relationship of the suits involving choice of venue by line of insurance.

FIGURE 25

CHOICE OF VENUE
BY LINE OF INSURANCE

Line of Insurance	Total Number of Suits Filed	Number of Suits Filed in County Other Than Where Injury Occurred	Percent of Total
General Liability	8,177	5,414	66.2%
Commercial Auto	2,475	233	9.4%
Commercial Multi-peril	1,004	78	7.8%
Medical Professional	1,110	101	9.1%
Other Professional	76	11	14.5%
All Lines	**12,842**	**5,837**	**45.5%**

A total of 12,842 forms reported that suits were filed, with 7,005 filed in the county of injury; meanwhile, 5,837 forms indicated that the suit was filed in a county other than the county where the injury occurred. The median settlement amount in the 5,837 cases was $17,205, while the median settlement amount in the remaining 7,005 cases was $35,276. Figure 26 shows the counties with an influx of ten or more lawsuits.

FIGURE 26

CHOICE OF VENUE
COUNTIES THAT GAINED SUITS

County	Number of Suits Filed	Number of Suits Incoming	Percent of Suits Incoming	Median Settlement Amount of Suits Filed in County Listed
Orange	3,227	3,153	97.7%	$17,205
Harris	2,517	703	27.9%	$25,000
Jefferson	1,547	606	39.2%	$17,769
Dallas	1,287	474	36.8%	$25,000
Galveston	220	131	59.5%	$47,515
Harrison	157	106	67.5%	$33,425
Travis	274	80	29.2%	$39,450
Houston	75	73	97.3%	$35,478
Nueces	210	45	21.4%	$34,385
Rusk	60	41	68.3%	$23,054
Tarrant	387	40	10.3%	$41,000
Hidalgo	221	39	17.6%	$65,000
Bexar	462	35	7.6%	$39,324
Brazoria	114	32	28.1%	$63,353
Austin	31	27	87.1%	$17,205
Angelina	49	14	28.6%	$50,000
Potter	62	13	21.0%	$46,750
Johnson	44	13	29.5%	$163,816
Victoria	26	10	38.5%	$27,921
Counties Listed	10,970	5,635	51.4%	$23,890
Counties Not Listed	1,872	202	10.8%	$50,000
All Counties	**12,842**	**5,837**	**45.5%**	**$24,432**

Comparative Analyses

Figure 27 shows the time comparison between single-party and multi-party cases. As expected, the multi-party cases take longer to close than the single-party cases.

FIGURE 27

ALL LINES TIME STUDY
BY PARTY (MONTHS)

Category	Number of Claims	Total Payments	Injury to Notice	Notice to Settlement	Settlement to Close	Injury to Close
Single-Party	8,106	$476,946,844	3.5	19.9	2.7	26.0
Multi-Party	9,067	$585,847,653	23.6	23.3	30.2	77.2
All Parties	**17,173**	**$1,062,794,497**	**14.1**	**21.7**	**17.2**	**53.1**

Figure 28 shows time comparisons among various lines of insurance. The data for other professional liability is included with general liability due to only 94 claims being reported for this line of insurance. General liability cases involve the longest average span of time (77.8 months) from the date of injury to the actual closing of the claim.

FIGURE 28

ALL LINES TIME STUDY
BY POLICY TYPE (MONTHS)

	Number of Claims	Total Payments	Injury to Notice	Notice to Settlement	Settlement to Close	Injury to Close
General Liability	8,641	$390,940,580	23.3	23.2	31.3	77.8
Commercial Auto	5,826	$343,861,454	0.9	18.8	2.4	22.1
Commercial Multiperil	1,458	$108,296,572	7.2	23.5	3.2	33.9
Medical Professional	1,248	$219,695,891	20.5	23.2	5.4	49.0
All Claims	**17,173**	**$1,062,794,497**	**14.1**	**21.7**	**17.2**	**53.1**

Figure 29 displays the average times for each injury type. Of the studies based on type of injury, systemic poisoning involving toxic substances cases, on average, took the longest time from injury to close (103.9 months), which is more than twice the average of 50.7 months for all long form claims. The total payments column for all long forms does not equal to the subtotal of the separate injury types because the long form allows for multiple selections of injury type.

FIGURE 29

ALL LONG FORMS TIME STUDY
BY INJURY TYPE (MONTHS)

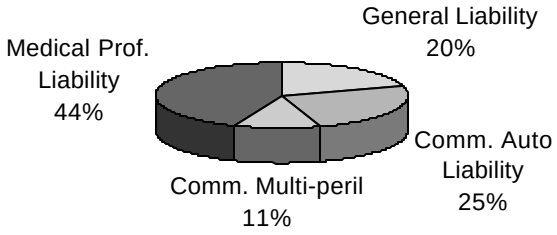
Injury Type	Number of Claims	Total Payments	Injury to Notice	Notice to Settlement	Settlement to Close	Injury to Close
Death	818	$225,057,318	11.2	24.3	5.0	40.5
Amputation	62	$19,505,770	8.9	23.8	3.8	36.4
Burns (heat)	85	$17,604,427	7.7	22.6	3.8	34.0
Burns (chemical)	36	$12,853,932	8.5	19.5	9.4	37.4
Syst. Poisoning (toxic)	1,413	$99,638,915	39.9	29.8	34.3	103.9
Syst. Poisoning (other)	16	$3,088,848	9.7	19.2	3.2	32.1
Eye injury (blindness)	45	$9,020,611	11.0	19.9	5.4	36.4
Respiratory condition	1,448	$100,270,596	39.8	30.0	33.6	103.4
Nervous condition	70	$15,865,367	15.6	28.7	5.4	49.8
Hearing loss/impairment	33	$8,058,104	11.0	30.1	3.9	45.0
Circulatory condition	35	$8,015,869	10.5	26.4	4.5	41.3
Multiple injuries	1,675	$187,844,626	3.5	24.0	3.0	30.6
Back injury	1,884	$166,650,312	3.6	26.2	3.0	32.8
Skin disorder	21	$1,967,920	21.4	22.2	4.9	48.5
Brain damage	241	$80,044,746	23.2	29.9	5.2	58.3
Scarring	220	$40,759,557	4.1	23.9	3.8	31.7
Spinal cord injuries	74	$26,430,065	11.2	27.5	7.0	45.6
Other	1,330	$154,999,601	12.5	24.7	4.3	41.4
All Long Forms	**6,927**	**$890,301,264**	**14.6**	**26.1**	**10.0**	**50.7**

Injury type is only reported on the long form. There were 818 injuries (12%) reported on the long form that resulted in death. As shown in figure 30, medical professional liability claims account for 44% of the

death claims, commercial auto liability for 25%, general liability for 20%, and commercial multi-peril liability for 11%.

FIGURE 30

DEATH CLAIMS
BY LINE OF INSURANCE



Of the 6,927 settlements reported on long forms, 1,730 claims indicated work-related injuries. On a percentage basis, the business classification of "manufacturer of chemical and allied products" indicated the highest rate of work-related injuries with 58% of the claims relating to the job, followed by "construction firms" at 47% and "other products manufacturers" with 45% of the claims reported as work-related. Figure 31 shows data for the business classifications with 10 or more work-related injuries.

FIGURE 31

WORK-RELATED INJURIES
BY BUSINESS CLASSIFICATION

Business Classification	Work-Related Claims	Percent Work-Related	Average Payment	Claim Duration	Injury to Close
Other products mfg.	761	45.0%	$91,922	32.0	106.9
Construction firms	273	47.1%	$176,315	25.9	42.4
Other	199	20.9%	$150,537	30.7	53.9
Wholesale-retail	164	15.7%	$137,023	27.8	38.5
Transportation	128	18.1%	$190,129	29.2	37.2
Manuf. of chem. & allied.	39	58.2%	$147,778	27.5	94.0
Oil wells & drilling	36	33.6%	$170,318	23.9	36.3
Physicians & surgeons	34	4.1%	$154,519	30.1	59.5
Office	25	40.3%	$109,818	30.5	41.2
Apts., town. & condos	15	8.0%	$91,702	25.8	43.9
Agriculture	14	15.4%	$209,871	28.4	41.6
All Business Classes	**1,730**	**25.0%**	**$130,087**	**29.8**	**72.8**

The 1997 closed claim report data contains 7,574 claims involving the business classifications of drug manufacturers, manufacturers of chemical and allied products, medical products manufacturers, and other products manufacturers. The average payment for product liability claims of $36,566 was less than the average of $61,888 for all lines. The average allocated loss adjustment expense for product liability claims of $7,122 was less than the average of $12,291 for all lines. The claims are categorized in this section as product liability claims, but are not necessarily caused by use of a defective product. Figure 32 presents the average claim information derived from the product liability claims reported.

FIGURE 32

PRODUCT LIABILITY
AVERAGE CLAIM

	Payment Amount	Final Indemnity Reserve	ALAE	Final Expense Reserve	Claim Duration (Months)
Product Liability	$36,566	$37,736	$7,122	$2,382	22.3
All Forms	**$61,888**	**$69,456**	**$12,291**	**$7,278**	**21.7**

Only 229 settlements indicated municipal/public liability as the insured business classification. Data derived from these reports show the average payment amount to be $38,901, which is 37% less than the average of $61,888 for all forms. Figure 33 presents the average claim information for municipal/public liability claims reported.

FIGURE 33

MUNICIPAL/PUBLIC LIABILITY
AVERAGE CLAIMS

	Payment Amount	Final Indemnity Reserve	ALAE	Final Expense Reserve	Claim Duration (Months)
Municipal Liability	$38,901	$53,746	$12,293	$13,301	25.5
All Lines	**$61,888**	**$69,456**	**$12,291**	**$7,278**	**21.7**

1997 Calendar Year
Annual (Summary) Closed Claim Report

The 1997 Calendar Year Annual (Summary) Closed Claim Report was filed on an annual basis for bodily injury indemnity payments of $10,000 or less. There were 378 insurance companies and five self-insured entities that reported an amount paid out for bodily injury indemnity payments of $10,000 or less in the Annual (Summary) Closed Claim Database. The aggregate of the summary form is presented below.

	(1) Aggregate Number of Claims $ 0 Indemnity Payments	(2) Aggregate Number of Claims $1 to $10,000 Indemnity Payments	(3) Total Number of Claims (1 + 2)	(4) Aggregate Dollar Amount Paid Out
General Liability	22,431	8,089	30,520	$19,031,699
Other Professional Liability	1,250	383	1,633	$880,192
Commercial Auto Liability	20,501	24,645	45,146	$83,276,927
Commercial Multi-peril Liability	12,790	7,673	20,463	$15,837,524
Medical Professional Liability	5,699	453	6,152	$2,073,794
Total	**62,671**	**41,243**	**103,914**	**$121,100,136**

1997 Closed Claim Reconciliation Form

A reconciliation form for calendar year 1997 was required to ensure that all applicable closed claims were reported. The payments reported on Quarterly Closed Claim Reports with bodily injury over $10,000 and the Annual (Summary) Closed Claim Reports with bodily injury of $10,000 or less were compared to the direct losses paid by line of insurance. These losses were reported to the National Association of Insurance Commissioners (NAIC) on the 1997 Annual Statement, Texas Statutory Page 14. **Self-insured entities did not complete a Reconciliation Form and therefore, are not included in this section.** There were 555 insurance companies that reported a total of $1,686,192,766 direct losses paid on the 1997 Annual Statement, Texas Statutory Page 14 for the lines of business mentioned in Article 1.24B, *Texas Insurance Code*. Sixty-five percent of the direct losses paid for general liability, commercial auto liability, Texas commercial multi-peril liability, and medical professional liability were reported on closed claim reports. The remaining $586,360,823 of direct losses paid involved amounts that were not reported during calendar year 1997 on closed claim reports. The following chart summarizes the information from the reconciliation forms. The data allows a comparison to be made by line of insurance between payment amounts that are required to be reported under Art. 1.24B of the *Texas Insurance Code* and payments made during calendar year 1997 that are not reportable on closed claim reports. General Liability and Other Professional Liability are combined on the Reconciliation Form.

Line 1 of the reconciliation form shows the amount of claims reported for each line of insurance on the Closed Claim Report of Accepted Transactions at the beginning of the reconciliation project.

Line 2 of the reconciliation form indicates the amount of claims as shown on the Annual (Summary) Closed Claim Report.

Line 3 is the subtotal of lines 1 and 2 of the closed claim reconciliation form.

Lines 4 and 5 consist of payments that did not involve bodily injury. These payments were mainly for property damage losses, but also included amounts for medical payments, personal injury protection, uninsured and underinsured motorist payments, professional liability, and payments on claims involving mental anguish, improper termination, libel, slander, etc.

Lines 6 and 7 include payments made on open claims that will not be reported until the claim closes and payments made in preceding calendar years.

Line 8 shows the excess payments by line of business as reported on the reconciliation forms. Excess payments on bodily injury are part of the settlement amount of a claim. Many insurance companies do not know the amount paid by an excess carrier and therefore, do not report it correctly in the settlement amount on a closed claim report. This is a major reason for reporting the 1997 Closed Claim Annual Report on a payment basis instead of a settlement basis.

Only claims settled under Texas law are reportable on the Closed Claim Reports. **Line 9** shows direct losses paid by line of insurance on policies written in Texas for claims that were not settled under Texas law. Included for comparison purposes on **Line 10** are the amounts reported on closed claim reports for policies written in another state where the claim was settled under Texas law.

On **Line 12**, the reconciliation form shows $24,527,497 for total reimbursements received. This was primarily deductibles recovered for liability and property damage claims.

Adjustments made due to company rounding and estimating procedures are shown on **Line 13.**

Line 14 relates primarily to losses from catastrophes and class action suits that involve more than ten claimants.

Line 15 shows the amount of claims that companies were unable to reconcile during the reconciliation process.

Line 16 shows the amount of claims that were on the Closed Claim Report of Unaccepted Transactions at the beginning of the reconciliation process.

Line 17 and 18 are losses moved to or from a Texas Closed claim report to another line of insurance or company.

Losses reported on Quarterly Closed Claim reports received during the reconciliation process are shown on **Line 19.**

Lines 20 and 21 indicate the amount of direct losses paid for each line of insurance as shown on the 1997 Annual Statement, Texas Statutory Page 14.

TEXAS CLOSED CLAIM RECONCILIATION
FOR CALENDAR YEAR 1997

TOTALS FOR ALL COMPANIES
555 COMPANIES ON FILE

	GENERAL LIABILITY	COMM. AUTO	COMM. MULTI-PERIL	MEDICAL PROF.	TOTAL
1. QUARTERLY PAYMENTS	$373,386,818	$322,562,633	$104,294,686	$160,099,110	$960,343,247
2. SUMMARY PAYMENTS	$19,238,985	$80,960,942	$15,837,524	$1,877,853	$117,915,304
3. BODILY INJURY CLAIM SUBTOTAL	$392,625,803	$403,523,575	$120,132,210	$161,976,963	$1,078,258,551
ADJUSTMENTS TO LINE 3					
4. Property damage losses	$70,167,328	$154,015,765	$46,361,646	$52,453	$270,597,192
5. Losses that did not entail bodily injury	$158,706,920	$21,686,054	$16,771,294	$6,348,275	$203,512,543
6. Claims not closed in calendar year	$270,469,224	$111,204,017	$36,179,674	$55,068,286	$472,921,201
7. Payments prior to 1/1 of calendar year	($111,302,050)	($91,975,106)	($36,778,554)	($60,371,805)	($300,427,515)
8. Excess coverage payments	$185,886,128	$7,640,882	$11,473,392	$5,391,530	$210,391,932
9. Losses not settled under Texas law	$70,988,281	$38,356,093	$7,768,833	$1,901,126	$119,014,333
10. Losses on claims written in another state	($332,224,921)	($31,682,448)	($22,670,222)	($6,161,906)	($392,739,497)
11. Payments of $10,000 or less	($124,137)	($82,046)	($68,522)	($20,433)	($295,138)
12. Reimbursements received	($7,039,588)	($8,957,340)	($1,101,333)	($7,429,236)	($24,527,497)
13. Miscellaneous adjustments to balance	$596,678	$6,023,364	($2,235,378)	$2,348,946	$6,733,610
14. Class action suits not on CC reports	$21,678,953	$0	$151,772	$0	$21,830,725
15. Not reconciled by company	$57,710	($63,189)	($60,156)	($880,569)	($946,204)
16. Claims on Unaccepted Transaction List	$1,045,746	$2,597,323	$2,785,043	$875,164	$7,303,276
17. Closed Claim Subtractions	($48,784,894)	($34,241,805)	($29,978,310)	($17,737,585)	($130,742,594)
18. Closed Claim Additions	$30,222,707	$26,821,566	$25,946,327	$18,066,784	$101,057,384
19. Late Quarterly Closed Claim Reports	$12,746,949	$16,190,974	$5,100,156	$10,212,385	$44,250,464
20. Sum of Lines 3 through 19	$715,716,837	$621,057,679	$179,777,872	$169,640,378	$1,686,192,766
21. PAGE 14 DIRECT LOSSES	**$715,716,837**	**$621,057,679**	**$179,777,872**	**$169,640,378**	**$1,686,192,766**

Additional Information

The data used for developing this report is available electronically upon request from the Department or can be downloaded from TDI's website. We have made the data available in three databases. The first database includes all claims reported for 1997. The second database excludes the group of anomalous Other Products Manufacturing claims reports mentioned in the introduction to this report and the third includes only those anomalous claims reports.

Visit TDI's website at www.tdi.state.tx.us.

Submit written data requests to:

Texas Department of Insurance
ATTN: Paul Vestal
Data Services Division – MC 105-5D
P.O. Box 149096
Austin, TX 78714-9096
(512) 475-1878

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Technical Analysis Division/Data Services
333 Guadalupe, Mail Code 105-5D, Austin, Texas 78701
(512) 475-1878