

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE

IN THE MATTER OF THE FILING OF )  
CERTAIN MEDICAL MALPRACTICE )  
INSURANCE INFORMATION )  
PURSUANT TO P.L. 2002, c. 55 )

ORDER

This matter having been opened by the Commissioner of the Department of Banking and Insurance pursuant to the authority granted by P.L. 2002, c. 55, N.J.S.A. 17:1-15, 17:29AA-1 et seq., and 17:30D-1 et seq., and all powers expressed or implied therein; and

IT APPEARING that the State Legislature passed legislation intended to address the premium increases in the medical malpractice industry; and

IT FURTHER APPEARING that Governor James E. McGreevey signed this legislation on August 3, 2002 (P.L. 2002, c. 55); and

IT FURTHER APPEARING that P.L. 2002, c. 55 requires medical malpractice insurers licensed within the State to provide certain information to the Department of Banking and Insurance within 90 days of enactment concerning certain insureds who have experienced significant premium increases on or after January 1, 2002; and

IT FURTHER APPEARING that the Department is requesting certain additional data in order to present the Legislature with a comprehensive and accurate depiction of the current medical malpractice insurance situation; and

IT FURTHER APPEARING that P.L. 2002, c. 55 requires the Department to report this information to the Legislature.

THEREFORE, IT IS on this 23rd day of August, 2002 ORDERED that:

(1) All insurers licensed to provide medical malpractice liability insurance pursuant to Title 17 of the Revised Statutes shall submit the following information to the Department no later than November 1, 2002, for each physician, podiatrist and nurse whose policy was renewed on or after January 1, 2002 and is in effect as of August 3, 2002, for which the premium increased 30% or more upon renewal, or for which the insurer has notified the insured that the premium will increase 30% or more upon the next renewal:

1. Number of years in practice;
2. Number of years in practice in New Jersey;
3. Area of professional specialty or practice;
4. Whether the practice is individual or group. If a group, the number of providers in the group.
5. All practice locations (name(s) of city(ies) or town(s), and zip code(s)), specifying primary practice location.
6. Number of pending medical malpractice claims filed against the

7. Number of medical malpractice court judgments and arbitration awards in the past five years in which payment was awarded to the plaintiff.
8. Number of medical malpractice settlements in the past five years (not included in 7 above) in which payment was awarded to the plaintiff.
9. Number of medical malpractice court judgments, arbitration awards, dismissals, withdrawals, settlements in the past five years (not included in 7 or 8 above) in which no payment was awarded to the plaintiff.
10. Number of incident reports not included in 6-9 above that were made by the insured in the past five years not resulting in a filed claim but used in underwriting and determining premiums.
11. Dollar amount of incurred loss in the past five years for all medical malpractice court judgments, arbitration awards and settlements.
12. Dollar amount of loss adjustment expense for all medical malpractice court judgments, arbitration awards and settlements included in 11 above.
13. Dollar amount of loss adjustment expense for all medical malpractice claims closed without a loss payment.
14. Effective date of the policy.
15. Expiring policy premium dollar amount.

16. Renewal policy premium dollar amount.
17. Dollar amount of premium increase.
18. Percentage of premium increase.
19. Reason for premium increase
  - a - filed rate increase
  - b - new claims
  - c - change in specialty
  - d - change in class
  - e - change in practice location
  - f - other (provide reason)

(2) The above information shall be submitted as an Excel spreadsheet by either e-mail, CD-rom, or floppy diskette no later than November 1, 2002, to the following address:

New Jersey Department of Banking & Insurance  
Office of Property and Casualty  
P. O. Box 325  
Trenton, NJ 08625-0325  
e-mail: [reports@dobi.state.nj.us](mailto:reports@dobi.state.nj.us)

(3) The spreadsheet form may be accessed at the Department's website at [www.njdobi.org](http://www.njdobi.org).

(4) Failure of any insurer to comply with this Order may result in the imposition of any and all penalties permitted by law.

/s/ Holly C. Bakke  
Holly C. Bakke  
Commissioner