

(11) (i) if case was tried to verdict, and if applicable, the percentage of fault assigned to your insured;

(ii) if claim was settled, and if applicable, an estimate of the percentage of fault for the insured; and

(iii) the percentage of the final award or settlement paid by the insurer;

(12)] (8) with respect to the total amount paid to the claimant:

(i) the amount paid by the insurer;

(ii) the amount paid by the insured due to retention or deductible;

(iii) IF KNOWN, the amount paid by an excess carrier;

(iv) IF KNOWN, the amount paid by the insured due to settlement or award in excess of policy limits;

(v) IF KNOWN, the amount paid by other defendants or contributors; and

(vi) the total amount of settlement or award;

[(13)(i) whether there were collateral sources, such as medical insurance, disability insurance, Social Security disability, or workers' compensation available to the injured party; and

(ii) if collateral sources were available, the type and amount;]

[(14)] (9) a summary of the occurrence from which the claim or action arose, including:

(i) [the final diagnosis for which treatment was sought or rendered, including the patient's actual condition;]

[(ii)] a description of the misdiagnosis OR ALLEGED MISDIAGNOSIS made, if any, of the patient's actual condition;

[(iii)] (II) [the operation, diagnostic, or treatment procedure] A DESCRIPTION OF THE PROCEDURE GIVING RISE TO THE CLAIM; AND

[(iv)] (III) a description of the principal injury giving rise to the claim; [and

(v) the safety management steps that have been taken by the insured to prevent similar occurrences or injuries in the future;]

[(15)] (10) (i) whether a structured settlement or periodic payment was used in closing this claim; and

(ii) if a structured settlement or periodic payment was used: