

(ii) description of injury; AND

(III) IF THE CLAIM IS AGAINST A HEALTH CARE PROVIDER COVERED UNDER A POLICY ISSUED OR DELIVERED BY THE INSURER COMPLETING THIS FORM, THE NAME OF THE HEALTH FACILITY WHERE THE INJURY OCCURRED;

[(6)] (5) (i) type of medical professional liability policy;

[(ii)] hospital or related institution classification exposure by number of beds;

[(iii)] hospital or related institution classification exposure by number of outpatients;]

[(iv)] (II) IF KNOWN, whether the patient was:

1. an inpatient;
2. an emergency room outpatient; or
3. other outpatient;

[(v)] (III) physician ISO classification, OR EQUIVALENT CLASSIFICATION;

[(vi)] other health care provider, including dental ISO classification;

[(vii)] (IV) health care provider name and license number; and

[(viii)] (V) policy limits for:

1. each claim or medical incident; and
2. annual aggregate;

[(7)] (6) (i) [state] IF KNOWN, THE FACILITY, OFFICE, OR COUNTY where injury occurred;

[(ii)] if the injury occurred in Maryland, the county where injury occurred;

[(iii)] date of filing suit, if any;] and

[(iv)] (II) [if the injury occurred in Maryland,] the CASE NUMBER AND THE NAME AND LOCATION OF THE COURT [county] where the suit was filed and the case was tried;]

[(8) (i) whether the plaintiff was represented by an attorney;

(ii) whether the insured was represented by an attorney and, if so, at whose expense; and

(iii) whether the insurer was represented by a separate attorney;

(9)] (7) (i) whether settlement was reached or award was made at one of the following stages: