

(2) THE COMMISSIONER SHALL ADOPT REGULATIONS ON THE SUBMISSION OF INFORMATION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION.

(B) IN ADDITION TO THE INFORMATION REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, EACH INSURER PROVIDING PROFESSIONAL LIABILITY INSURANCE TO A HEALTH CARE PROVIDER IN THE STATE SHALL SUBMIT TO THE COMMISSIONER THE FOLLOWING INFORMATION:

- (1) (I) NAME OF INSURER;
- (II) NAME OF INSURER GROUP;
- (III) CLAIM FILE IDENTIFICATION;
- (IV) NAME OF PERSON COMPLETING FORM;
- (V) TELEPHONE NUMBER (AREA CODE); AND
- (VI) DATE FORM COMPLETED;
- (2) (I) DATE OF INJURY;
- (II) DATE INJURY REPORTED TO INSURER; AND
- (III) DATE CLAIM CLOSED;
- (3) AGE OF INSURED PERSON AT TIME OF INJURY;
- (4) WHETHER THE INJURED PERSON WAS EMPLOYED AT THE TIME OF INJURY;
- (5) (I) TYPE OF INJURY; AND
- (II) DESCRIPTION OF INJURY;
- (6) (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) WHETHER PATIENT WAS:
  1. INPATIENT;
  2. EMERGENCY ROOM OUTPATIENT; OR
  3. OTHER OUTPATIENT;
- (V) PHYSICIAN ISO CLASSIFICATION;
- (VI) OTHER HEALTH CARE PROVIDER, INCLUDING DENTAL ISO CLASSIFICATION;
- (VII) HEALTH CARE PROVIDER NAME AND LICENSE NUMBER; AND