

Legal AI Benchmarking: CoCounsel – Addendum
Oct. 23, 2024

Skill	Pass Rate ¹
Extract Contract Data	98.8%
Review Documents	96.6%
Search a Database	95.6%
Summarize	90.6%

APPENDIX

Sample tests

Skill	User Query	Document(s)(Representative)	Ideal Response
Extract Contract Data	Does the agreement include a bring-down closing condition that requires all of the representations and warranties of the seller to be true and correct on and as of the closing date?	Asset Purchase Agreement	Yes, the agreement includes a bring-down closing condition that requires all of the representations and warranties of the seller to be true and correct on and as of the closing date. The agreement states that the buyer's obligation to consummate the transaction is subject to the representations and warranties of the seller being true and correct as of the date of the Agreement and as of the closing date.
Review Documents	What qualifies a registrant as a "small entity" for purposes of the RFA?	Federal Agency Rule	A registrant, other than an investment company, qualifies as a "small business" or "small organization" under the RFA if it had total assets of \$5 million or less on the last day of its most recent fiscal year and is engaged or proposing to engage in an offering of securities that does not exceed \$5 million. An investment company is considered a "small business" if it, together with other investment companies in the same group of related investment companies, has

			net assets of \$50 million or less as of the end of its most recent fiscal year.
Summarize	Provide a bulleted summary of all reimbursement deadlines applicable to health care service plans.	State Statute	<ul style="list-style-type: none"> • Health care service plans must reimburse claims as soon as practicable, but no later than 30 working days after receipt of the claim. • Health maintenance organizations have 45 working days after receipt of a claim to reimburse it. • If a plan contests a claim, it must notify the claimant in writing within 30 working days of receipt (or 45 working days for HMOs). • If an uncontested claim is not reimbursed within 30 or 45 working days (depending on plan type), interest accrues at 15% per annum. • Plans have 30 working days (or 45 working days for HMOs) after receiving all necessary information to reconsider a contested claim. • If a plan determines a contested claim is payable but does not reimburse it within 30 working days (or 45 working days for HMOs) of receiving all necessary information, interest accrues at 15% per annum. • Specialized health care service plans arranging vision care services must provide written notice of suspected fraud to a provider, including a description of the statistically

			<p>reliable methodology used, within 60 days following the date of payment of the latest claim.</p> <ul style="list-style-type: none"> • If a provider contests a notice of suspected fraud, they must send written notice to the plan within 45 working days of receiving the notice. • A specialized health care service plan must send written notice to a provider at least 10 working days before withholding current claim payments to offset overpayments.
Search a Database	What date did [John Doe's] office receive the USB containing the pdf document files?	Litigation Records Database	John Doe's office received the USB containing the PDF document files on July 21, 2020.

1 Derived from datasets ranging from 89 to 98 test cases. Zero hallucinations were identified among failing tests. Please note that the Summarize skill is inherently subjective, where two attorneys may disagree on the level of correctness of the answer. As such, it is important to highlight that the tests in the dataset for this skill can be failed for many reasons – including where the answer is missing a detail that the tester considers to be a key detail. This does not mean that the answer is outright wrong.