

COMPANY NAME Vigilant

ADDRESS 4950 W. Kennedy Blvd., Tampa, Fla. 33609 79246

NAME OF INSURED P. Lever, M.D.

ADDRESS OF INSURED 4400 Sheridan Street
Hollywood, Fla. 33021

(Street Number, City, County, State, Zip Code)

SPECIALTY COVERAGE Psychiatrist

PRIMARY CARRIER Vigilant

POLICY NUMBER 7911 03 92 - 001

EXCESS CARRIER _____

POLICY NUMBER _____

DATE OF OCCURRENCE WHICH CREATED THE CLAIM 1/22/75

DATE OF SUIT, IF FILED 8/26/75

DATE _____ AND AMOUNT \$ _____ OF JUDGMENT, OR

DATE 3/15/79 AND AMOUNT \$ -0- OF SETTLEMENT.

DEFENSE COST \$ 613.06

THE DATE AND REASON FOR FINAL DISPOSITION, IF THERE WAS NO JUDGMENT OR SETTLEMENT.

Hospital found at fault, our insured didn't have to make payment.

SUMMARY OF THE OCCURRENCE WHICH CREATED THE CLAIM:

Patient fell in hospital and fractured leg.

Claimant: