

MICROFICHE

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8001-06804

80 00228

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 80 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.

Address 2 Southwest 12th Street, Ocala, FL 32670

County Code 14

) Specialty Psychiatry Code 19

) Date of Incident (Month, Day, Year) 09/09/80

) Date submitted for mediation (Month, Day, Year)

) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion

) Date of suit, if filed (Month, Day, Year)

) Disposition of incident (check one):

(1) Final Judgment (2) Settlement

(3) Final Disposition Not Resulting in Payment on Behalf of the Insured

) Date and amount of Judgment or Settlement (Month, Day, Year)

A. Primary Indemnity \$ 0 C. Excess Indemnity \$ _____

B. Primary Defense \$ 0 D. Excess Defense Costs \$ _____

Summary Judgment (1) For Plaintiff (2) For Defendant

Directed Verdict (1) For Plaintiff (2) For Defendant

Trial (1) YES (2) NO

Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 1/2/98 No claim

Include brief summary of occurrence which created claim on back.

12. Pt was admitted to hosp for withdrawnal from a non-narcotic drug called Stadol. Pt's wife had pt released from hosp alleging that the hosp staff brutalized her husband while under their care. Now insd has received a letter from claimants concerning this incident. Pt & Wife is very upset & is considering getting an atty.