

PRIMARY CARRIER

Company Code 09490 (Florida Certificate of Authority Number)

Company Name Travelers Indemnity

000572

Policy Number 650164A157-6-IND

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

RECEIVED

MAR 11 1981

Calendar Year Claim Closed 80 FCC MM1 IAC 3

Insured Wilson C Rippey Jr.

BUREAU OF RATES

Address 13518 N Florida Ave. Tampa, Fla.

County Code 03

(1) Speciality Psy Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 10 01 57 11

(3) Date submitted for mediation (Month, Day, Year) 0 2 2 2 8 0

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 0 3 3 1 8 0

(6) Disposition of incident (check one):

(1) Final Judgment (2) Settlement

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

(7) 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 \$ _____

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

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

(10) Trial (1) YES (2) NO

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

(Month, Day, Year) 1 0 2 2 8 0 Voluntary dismissal by Plaintiff

(12) Include brief summary of occurrence which created claim on back.

Defendant was negligent in care and treatment of plaintiff by prescribing physical four way restraints.

Order plaintiff to be admitted to a hospital not suitable for care and treatment of mental disorder.

Presented ~~large~~ improper medication in improper dosage and frequent and improper amounts.

Made sexual advances toward plaintiff.