

(204)

PRIMARY CARRIER

Company Code 44040 (Florida Certificate of Authority Number)

Company Name NORTH BROWARD HOSPITAL DISTRICT ACTIVE MEDICAL STAFF SELF INSURANCE TRUST FUND

Policy Number 1976-244

EXCESS CARRIER

Company Code 46010 (Florida Certificate of Authority Number)

Company Name FLORIDA PATIENT'S COMPENSATION FUND

Policy Number None

Calendar Year Claim Closed 81 FCC 1111 IAC 3

Insured Nicholas Limperis, M.D.

Address 4701 N. Federal Highway, Fort Lauderdale, Florida

County C

10

(1) Speciality Pediatrician Code 16

(2) Date of Incident (Month, Day, Year) 041877

(3) Date submitted for mediation (Month, Day, Year) 112878

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 072779

(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) 060181

A. Primary Indemnity \$ 93,750. C. Excess Indemnity \$ _____

B. Primary Defense \$ 61,209. 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)

RECEIVED

JUL 23 1982

BUREAU OF RATES

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

Foreign object in brain of young boy as a result of a skateboard accident.

Jury verdict was \$1,000,000 in December, 1980 - negotiated settlement of \$950,000 in June, 1981.