

01280
PRIMARY CARRIER

Company Code ~~31016119~~ (Florida Certificate of Authority Number) **8300170**

Company Name Employers Fire Insurance Company

Policy Number F20-2370-39

EXCESS CARRIER

Company Code ~~2016211~~ (Florida Certificate of Authority Number)

Company Name Employers - Commercial Union

Policy Number EPL-EX-2741-94

Calendar Year Claim Closed 83 FCC MMI IAC 3

Insured Stuart Bernstein, M.D.

Address 85 West Miller, St., Orlando, Florida 32806

County Co

07

(1) Speciality Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 070187

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

(4) Disposition of mediation (check one):

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

(5) Date of suit, if filed (Month, Day, Year) 081480

(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 \$ Nil C. Excess Indemnity \$ Nil

B. Primary Defense \$ 1,224.00 D. Excess Defense Costs \$ Nil

(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:

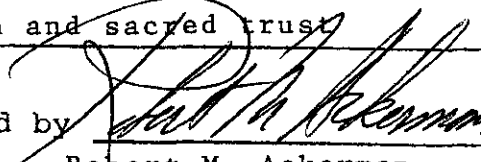
(Month, Day, Year) 060183 Court dismissed case with prejudice.

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

Claimant alleged insured violated his oath and sacred trust

during the treatment.

Prepared by


Robert M. Ackerman