



# Argonaut Insurance Company 0476

9200 S. Dadeland Blvd., Suite 400, Miami, Florida 33156

File # 83C004180

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL83-318-606690

Excess Carrier UNKNOWN

Policy Number UNKNOWN

Insured WILLIAM HOWELL, M.D.

Address 322 BRIARWOOD CIRCLE FT. WALTON BEACH, FLORIDA

Specialty GENERAL PRACTICE

Date of incident 7-14-75

Date of Suit NONE

Disposition of incident:

Date 10-5-76

Settlement \$ 30,000.00

Defense Cost \$ Ø

Summary Judgement N/A

Directed Verdict N/A

Let out by the jury N/A

Reason for final disposition, if no settlement.

SETTLEMENT DIRECT WITH CLAIMANTS ESTATE AND ATTORNEY.

Summary of occurrence which created claim.

PATIENTS FATHER ALLEGES CAUSE OF DEATH WAS DUE TO DRUGS ADMINISTERED BY OUR INSURED AFTER TREATMENT OF STAB WOUNDS.