

TRI-STATE INSURANCE COMPANY

76
~~75~~ 0838

Annual report of Malpractice claims during the calendar year
January 1, 1976 to December 31, 1976, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED:

DAVID PINOSKY, M.D.
3525 Matheson Avenue
Coconut Grove, Florida

2. SPECIALTY:

PSYCHIATRY

3. POLICY NO.:

PPL/T 4523SPC

4. DATE OF CLAIM:

8/6/75 - 9/1/75

5. DATE OF SUIT:

6. DATE AND AMOUNT PAID:

Date: 9/76 Amount: \$ NIL Expense \$ 428.20

Judgment Settlement Closed-No Payment Reason:

7. DESCRIPTION OF OCCURRENCE: THREATENED SUIT