



Argonaut Insurance Company ⁷⁶ 0841

1045 Riverside Avenue, Suite 155 • Jacksonville, Florida 32204

File # 83 C 002923

Primary Carrier ARGONAUT INSURANCE COMPANY"

Policy Number GL-83-306-602633

Excess Carrier UNKNOWN

Policy Number UNKNOWN

Insured ROBERT H, WRAY, M.D.

Address 1322 N. MAGNOLIA DR, TALLAHASSEE, FLA.

Specialty]PSYCHIATRY

Date of incident 6-22-74

Date of Suit 1-14-75

Disposition of incident:

Date N/A

Settlement \$ Ø

Defense Cost \$ \$3,923.31

Summary Judgement NO

Directed Verdict NO

Let out by the jury YES

Reason for final disposition, if no settlement.

JURY VERDICT FOR DEFENSE

Summary of occurrence which created claim.

INSURED ADMITTED CLMT TO PSYCHIATRIC WARD. PT ALLEGES UNJUST IMPRISONMENT
BECAUSE PROPER EXAM WAS NOT GIVEN