

COMPANY NAME Vigilant

ADDRESS 4950 W. Kennedy Blvd., Tampa, Fla. 33609

NAME OF INSURED George Joseph, M.D. 791644

ADDRESS OF INSURED 1617 San Marco Blvd.
Jacksonville, Fla. 32207
(Street Number, City, County, State, Zip Code)

SPECIALTY COVERAGE Psychiatrists

PRIMARY CARRIER Vigilant

POLICY NUMBER 7911-29 11

EXCESS CARRIER _____

POLICY NUMBER _____

DATE OF OCCURRENCE WHICH CREATED THE CLAIM 12/9/76

DATE OF SUIT, IF FILED _____

DATE _____ AND AMOUNT \$ _____ OF JUDGMENT, OR

DATE 8/23/79 AND AMOUNT \$ -0- OF SETTLEMENT.

DEFENSE COST \$ _____

THE DATE AND REASON FOR FINAL DISPOSITION, IF THERE WAS NO JUDGMENT OR SETTLEMENT.

Claimant never pursued a claim against us.

SUMMARY OF THE OCCURRENCE WHICH CREATED THE CLAIM:

Improper diagnosis caused claimant additional problems.

Claimant: