

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE # 7911-43-36/00
31

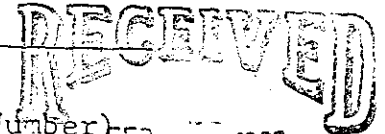
SC 10187

PRIMARY CARRIER

Company Code 01840 (Florida Certificate of Authority Number)

Company Name Vigilant

Policy Number 7911-43-36



FEB 25 1982

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name

Policy Number

BUREAU OF RATES

Calendar Year Claim Closed 81 FCC MMI IAC B

Insured Reginald V. Berry MD.

Address Child Guidance Clinic of Duval City, FLA.

County Code 02

(1) Speciality Psychiatrist Code 19

(2) Date of Incident (Month, Day, Year) 10/15/75

(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) UNABLE TO LOCATE

(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) 02/02/81

A. Primary Indemnity \$ 515,000

C. Excess Indemnity \$

B. Primary Defense \$ 56,333

D. Excess Defense Costs \$

(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)

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

Norman Sparks

ALLEGED DR. SEDUCED HIS MINOR
PATIENT —