

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

(1484)

PRIMARY CARRIER

File # A78-1814-77

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians Insurance Reciprocal

Policy Number 7801-07848

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

Calendar Year Claim Closed 83 FCC MMI IAC 3

Insured Charles C. Dugan, M.D.

2600 Broadway

Address West Palm Beach, Florida 33407

County Code

06

(1) Specialty Demat. Code 03

(2) Date of Incident (Month, Day, Year) 080277

(3) Date submitted for mediation (Month, Day, Year) *NIA*

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion *N/A*

(5) Date of suit, if filed (Month, Day, Year) 062779

(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)

A. Primary Indemnity \$ 0 C. Excess Indemnity \$
B. Primary Defense \$ 28,944. D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(9) Directed Verdict (1) For Plaintiff (2) For Defendant *NIA*

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 072583 Voluntary dismissal

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