

PRIMARY CARRIER
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL
POLICY NUMBER 8201 - 07848

84 (2162)

EXCESS CARRIER
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED PUGAN, M.D./CHARLES C.
ADDRESS 2600 BROADWAY

COUNTY CODE 06

(1) SURGERY CODE: 03 SPECIALITY: DERMATOLOGY-NO SURGERY-NO DERMA CODE: 1

(2) DATE OF INCIDENT: 03/23/82

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 01/07/83

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT: 11/09/84

A. PRIMARY INDEMNITY \$500,000.00 C. EXCESS INDEMNITY N / A
B. PRIMARY DEFENSE \$58,394.00 D. EXCESS DEFENSE N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :
N / A

PT REFERRED TO INSD FOR DERMATITIS OF VULVA.
INSD DXED ALLERGIC CONTACT DERMATITIS SECOND-
ARY TO NUPERCATNAL USE, AND LUCAPLAZUIA AFTER
BIOPSY OF ULCERATED AREA. SUSPECTED CANCER
CHANGES. PT WAS UNCOOPERATIVE AND HAS NOW
REQUESTED RECORDS. PT'S OB/GYN SAYS PROBLEM
IS GYNECOLOGICAL NOT DERMATOLOGICAL.

Edward R. Rutherford

FEB 12 1984