

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

509 ML 2137
FILE# 09B001

46030

PRIMARY CARRIER

Company Code ~~011110~~ (Florida Certificate of Authority Number) ⁸⁴

00004

Company Name The St. Paul Insurance Companies (FMMJUA)

Policy Number 509 ML 2137

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 94 FCC M I IAC 3

Insured DR. B. JOSEPH ZUMPRANO

Address 7821 CORAL WAY, Suite 104, MIAMI, FL.

County Code 01

(1) Speciality NEURO SURGERY Code 09

(2) Date of Incident (Month, Day, Year) 01 20 92

(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) 06 10 92

(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) 03 30 94

A. Primary Indemnity \$ 100,000.

C. Excess Indemnity \$ _____

B. Primary Defense \$ 64,301.

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.

Child's estate alleged that Inid did a cervical laminectomy of lower back, causing an air embolism to go to decerebrate brain causing her demise.