

85 00860

PRIMARY CARRIER

Company Code 46030 (Florida Certificate of Authority Number)

Company Name FMMTUA (St. Paul Ins. Co., Servicing Carrier) - Ft. Lauderdale

Policy Number 509 ML 2137

EXCESS CARRIER

Company Code 46010 (Florida Certificate of Authority Number)

Company Name Patients Compensation Fund

Policy Number _____

Calendar Year Claim Closed 85 FCC MMI IAC 3

Insured B. Joseph Zumpano M.D.

Address 7831 Coral Way Miami FL County Code 011

(1) Surgery Code 3 Speciality Neurological Code 09

(2) Date of Incident (Month, Day Year) 1-8-82

(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) 5-6-83

(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) 1-17-85

A. Primary Indemnity \$ 100,000 C. Excess Indemnity \$ 300,000

B. Primary Defense \$ 15,521. 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)

RECEIVED

MAR 8 1985

BUREAU OF RATES

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

0860

*Mr. color perforated
during back surgery*

ORLANDO SERVICE CENTER
CLAIM DEPARTMENT

JAN 29 1985

ST. PAUL FIRE AND MARINE
INSURANCE COMPANY