

Department File Number :	M200747847
Claim Number :	027-044423
Date Submitted :	12/6/2007

Insurer Information

Insurer Name	Coverage Type
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA	Primary
Insurer FEIN	Professional License Number
25-0687550	

Insurer Contact Information

Type	First Name	MI	Last Name
Individual	Linda		Kantrowitz
Street Address			
101 Hudson St, 28th Fl			
City		State	Zip
Jersey City		NJ	07302
Phone	Ext	Fax	E-Mail Address
(201) 631 - 7733			Linda.Kantrowitz@aig.com

Insured Information

Type	First Name	MI	Last Name
Individual	James	W	Cole
Insurer Type	Street Address of Practice		
Licensed	400 EAST SHERIDAN RD		
City	State	Zip Code	County
MELBOURNE	FL	32901	Brevard
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
9011793	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME55085	Psychiatry - All Other		

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		F	Broward
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Emergency Room			

Name of Institution	Code
BROWARD GENERAL MEDICAL CENTER	100039
Location of Institutional Injury	Other Location of Institutional Injury
Operating Suite	
Date of Occurrence	Date Reported to Insurer
10/19/1989	1/27/1992

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
Patient was originally found by paramedics on Oct 13, 1989 and was advised by them to go to Broward General Medical Center (BGMC) to get 'checked out'. At BGMC she was evaluated and released. She returned at 11:40 am on Oct 14, 1989 complaining of severe abdominal pain. Soon after a nurse found her slumped over and unresponsive. She was rushed to the OR where she went into arrest and was unresponsive to treatments. She was pronounced by Dr. O'Rourke. Post op diagnosis was retro-peritoneal bleed.	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
Plaintiff alleged that insured fell below acceptable standards of care by failing to see patient before she was admitted to the emergency room.	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
*NR	
Principal Injury Giving Rise To The Claim	
Death	
Severity Of Injury	
Permanent: Death.	

Legal Information	
Date of Suit	Circuit Court Case Number
11/27/1991	91-09743
County Suit Filed in	Date of Final Disposition
Broward	6/12/2007
Other Defendants Involved in this Claim	
North Broward Medical Center Radeos, Michael Coluciello, Stephen A Costal Emergency Services, Inc. Coastal Emergency Services of Fort Lauderdale, Inc. Coastal Emergency Services of Broward County, Inc. Sunlife Ob-Gyn Services of Broward County, Inc. O'Rourke, Aiden Levine, Neil Jones, Bruce	
Stage of Legal System at which Settlement was Reached or Award Made	
After notice of appeal is filed or post judgment relief of action is required for recovery.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other

Judgment for the defendant.
Arbitration
Claim not subject to Arbitration.
Date of Payment
7/12/2007

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$125,000
Loss Adjust Expense Paid to Defense Counsel		\$259,283
All Other Loss Adjustment Expense Paid		\$24,130
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
Injured Person's Total Economic Loss		
	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
none		

Updates
No updates found.