

<b>Department File Number :</b>	<b>M200850723</b>
<b>Claim Number :</b>	<b>20052043</b>
<b>Date Submitted :</b>	<b>9/3/2008</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
DARWIN NATIONAL ASSURANCE COMPANY		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
56-0997452			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Myrna		Nieves
<b>Street Address</b>			
9 Farm Spring Road.			
<b>City</b>		<b>State</b>	<b>Zip</b>
Farmington		CT	06032
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(860) 284 - 1332		(860) 284 - 1333	mnieves@darwinpro.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	William	L	Cua
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	7962 Garden Dr., N		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
St Petersburg	FL	33710	Pinellas
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
0001-2514	\$1,000,000		\$3,000,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME63065	Psychiatry - Including Child		

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>

	M	Pinellas
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Physician's Office		
<b>Name of Institution</b>	<b>Code</b>	
N/A	000000	
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>	
Other	Physician's Office	
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>	
10/31/2005	11/2/2005	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Ot. was experiencing depression
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Failure to prevent suicide.
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
*NR
<b>Principal Injury Giving Rise To The Claim</b>
Failure to prevent suicide.
<b>Severity Of Injury</b>
Permanent: Death.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
10/31/2005	07-1586
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Pinellas	5/14/2008
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>
No Court Proceedings.	

<b>Arbitration</b>
Claim not subject to Arbitration.
<b>Date of Payment</b>
5/14/2008

<b>Financial Information</b>		
Was there a settlement Resulting in payment to the Plaintiff?	Yes	
Indemnity Paid by Insurer on behalf of Insured	\$30,000	
Loss Adjust Expense Paid to Defense Counsel	\$25,775	
All Other Loss Adjustment Expense Paid	\$2,749	
Injured Person's Total Non-Economic Loss	\$0	
Deductible	\$0	
<b>Injured Person's Total Economic Loss</b>		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>		
Worked closely with attorney to settle case.		

<b>Updates</b>
No updates found.