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| Department File Number : | M200851307 |
| Claim Number : | 27999-01 |
| Date Submitted : | 11/5/2008 |

| Insurer Information | | | |
|--|------------------------------------|----------------------|------------------------|
| Insurer Name | | Coverage Type | |
| FIRST PROFESSIONALS INSURANCE COMPANY, INC | | Primary | |
| Insurer FEIN | Professional License Number | | |
| 59-6614702 | | | |
| Insurer Contact Information | | | |
| Type | First Name | MI | Last Name |
| Individual | Odessa | | Choice |
| Street Address | | | |
| 1000 Riverside Avenue, Suite 800 | | | |
| City | | State | Zip |
| Jacksonville | | FL | 32204 |
| Phone | Ext | Fax | E-Mail Address |
| (800) 741 - 3742 | 3045 | (904) 358 - 6728 | odessa.choice@fpic.com |

| Insured Information | | | |
|-------------------------------|--|-------------------------------------|--------------------------------|
| Type | First Name | MI | Last Name |
| Individual | Karen | | Schick |
| Insurer Type | Street Address of Practice | | |
| Licensed | 601 S Florida Avenue, Ste 6 | | |
| City | State | Zip Code | County |
| Lakeland | FL | 33801 | Polk |
| Policy Number | Per Claim Policy Limits | | Aggregate Policy Limits |
| 47738 | \$2,000,000 | | \$5,000,000 |
| Profession or Business | | Other Profession or Business | |
| Medical Doctor | | | |
| License Number | Specialty Code & Classification | | Certification Number |
| ME42239 | Pediatrics - No Surgery | | 80267 |

| Injured Person Information | | | |
|-----------------------------------|-----------|------------------|----------------------------|
| First Name | MI | Last Name | Date of Birth |
| | | | |
| Street Address | | Gender | County where Injury |
| | | | |

| | | |
|---|---|-----------------|
| | | Occurred |
| | M | Polk |
| City | State | Zip Code |
| Location where injury occurred | Other location where injury occurred | |
| Physician's Office | | |
| Name of Institution | Code | |
| | | |
| Location of Institutional Injury | Other Location of Institutional Injury | |
| | | |
| Date of Occurrence | Date Reported to Insurer | |
| 1/1/2002 | 3/4/2003 | |

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| Diagnostic Information |
| |
| Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition |
| Bilateral retinoblastoma. |
| Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury |
| Well child and sick child exams with normal eye exam, until deviation of eye noted and opth referral. |
| Diagnostic Code : |
| Misdiagnosis Made, If Any, Of Patient's Actual Condition |
| None. |
| Principal Injury Giving Rise To The Claim |
| Loss of vision in right eye with partial vision loss in left eye from bilateral retinoblastoma's, a genetic defect. |
| Severity Of Injury |
| Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung. |

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|---|----------------------------------|
| Legal Information | |
| | |
| Date of Suit | Circuit Court Case Number |
| 1/23/2004 | 53-2004-CA-000124 |
| County Suit Filed in | Date of Final Disposition |
| Polk | 10/14/2008 |
| Other Defendants Involved in this Claim | |
| Leonard, A.R.N.P., Margaret | |
| Stage of Legal System at which Settlement was Reached or Award Made | |
| More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference. | |
| Final Method of Claim Disposition | |

| | |
|-------------------------------------|--------------|
| Settled by parties | |
| Court Decision | Other |
| Summary judgment for the defendant. | |
| Arbitration | |
| Claim not subject to Arbitration. | |
| Date of Payment | |
| 10/14/2008 | |

| Financial Information | | |
|---|-------------------------|--------------------|
| Was there a settlement Resulting in payment to the Plaintiff? | | Yes |
| Indemnity Paid by Insurer on behalf of Insured | | \$15,000 |
| Loss Adjust Expense Paid to Defense Counsel | | \$39,211 |
| All Other Loss Adjustment Expense Paid | | \$23,697 |
| Injured Person's Total Non-Economic Loss | | \$15,000 |
| Deductible | | \$0 |
| Injured Person's Total Economic Loss | | |
| | <u>Incurred to Date</u> | <u>Anticipated</u> |
| Medical Expense | \$0 | \$0 |
| Wage Loss | \$0 | \$0 |
| Other Expenses | \$0 | \$0 |
| Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely | | |
| Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate. | | |

| Updates |
|-------------------|
| No updates found. |