



# Argonaut Insurance Company

1045 Riverside Avenue, Suite 155 • Jacksonville, Florida 32204

7510912

File # 83 C 003001

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL-83-294-603723

Excess Carrier UNKNOWN

Policy Number UNKNOWN

Insured GEORGE A. MICHAS, M.D.

Address WEST CIRCLE DR. FT. WALTON BCH, FLA.

Specialty PSYCHIATRIST

Date of incident 4-23-73

Date of Suit NONE

Disposition of incident:

Date N/A

Settlement \$ N/A

Defense Cost \$ N/A

Summary Judgement N/A

Directed Verdict N/A

Let out by the jury N/A

Reason for final disposition, if no settlement.

NO LIABILITY CLOSED 8-28-75

Summary of occurrence which created claim.

PT TREATED FOR SORETHROAT, SEEN BY OTHER DRS, INSURED CALLED IN FOR CONSULT. DUE TO HIS BIZARRE BEHAVIOR, CLMT LATER DIED DUE TO COMPLICATIONS.