



Argonaut Insurance Company

1045 Riverside Avenue, Suite 155 • Jacksonville, Florida 32204

76
#0840

File # 83 C 003836

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL-83-306-602453

Excess Carrier UNKNOWN

Policy Number UNKNOWN

Insured ROBERT W. MILES, M.D.

Address 1630 N. PLAZA DR. TALLHASSEE, FLA.

Specialty PSYCHIATRY

Date of incident 3-8-74

Date of Suit NONE

Disposition of incident:

Date N/A

Settlement \$ Ø

Defense Cost \$ Ø

Summary Judgement N/A

Directed Verdict N/A

Let out by the jury N/A

Reason for final disposition, if no settlement.

STATUTE OF LIMITATIONS HAS RUN FILE CLOSED 3-9-76

Summary of occurrence which created claim.

PT ALLEGES INSURED DISCUSSED HIS CASE WITH ANOTHER PARTY & HE WAS DAMAGED BECAUSE OF IT.