

UNITED STATES FIDELITY AND GUARANTY COMPANY

MEDICAL MALPRACTICE REPORT  
FOR MEDICAL OR OSTEOPATHIC PRACTITIONERS  
STATE OF FLORIDA

686

Name of Insured Homer Knizley Claim Number 3300 P & DM 40 00739-3

Address 1130 NW 6th Terrace, Gainesville

Specialty of Insured Internal medicine

Insured's Policy Number 8-90-10 106298

Date of Occurrence Which Created the Claim 2-2-77

Date of Suit, If Filed NA

Date and Amount of Paid Judgment or Settlement (Excluding Allocated Loss

Adjustment Expense) 4-20-78 \$ 731.90  
Date

Paid Allocated Loss Adjustment Expense \$ 0

Date and Reason for Final Disposition, If No Judgment or Settlement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of the Occurrence Which Created the Claim \_\_\_\_\_

CHF, while undergoing testing, had  
seizure and fell

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Prepared By \_\_\_\_\_

Carey P. ...  
Adjuster

5-8-78

Date