

COMMERCIAL UNION ASSURANCE COMPANIES
801 RIVERSIDE AVENUE
JACKSONVILLE, FLORIDA 32204

78
909

Primary Carrier Employers Fire Ins. Co. File # ZC-1147

Policy Number FX260399

Excess Carrier Unknown

Policy Number _____

Insured Dr. R. S. Good

Address 1029 East 25th Street, Hialeah, Fla.

Specialty OBGYN

Date of Incident 12/9/68

Date of Suite None

Disposition of Incident:

Date ~~2/13/78~~

Settlement Nil

Defense Cost \$429.20

Summary Judgement No

Directed Verdict No

Let out by the jury No

Reason for final disposition, if no settlement. Claimant's claim was rejected as being one of no liability. Claimant's attorney elected not to press claim further.

Summary of occurrence which created claim. Insured performed a total abdominal hysterectomy on claimant. Claimant alleges that subsequent surgery for stitched abscesses and for foreign body reaction at site of incision caused additional medical expense and disability.

JPK/jw