

COMPANY NAME Vigilant

ADDRESS 4950 W. Kennedy Blvd., Tampa, Fla. 33609

NAME OF INSURED Robert Zeitler, M.D. 79 1200

ADDRESS OF INSURED P.O. Box 1224
Tarpon Springs, Fla.
(Street Number, City, County, State, zip Code)

SPECIALTY COVERAGE Psychiatrist

PRIMARY CARRIER Vigilant

POLICY NUMBER 7911 31 86 - 001

EXCESS CARRIER _____

POLICY NUMBER _____

DATE OF OCCURRENCE WHICH CREATED THE CLAIM 12/31/76

DATE OF SUIT, IF FILED 4/12/79

DATE _____ AND AMOUNT \$ _____ OF JUDGMENT, OR

DATE 10/15/79 AND AMOUNT \$ -0- OF SETTLEMENT.

DEFENSE COST \$ 712.45

THE DATE AND REASON FOR FINAL DISPOSITION, IF THERE WAS NO JUDGMENT OR SETTLEMENT.

We did not have coverage to cover the accident date.

SUMMARY OF THE OCCURRENCE WHICH CREATED THE CLAIM:

Suit filed for abandonment against hospital and insured.

Claimant: