

COMPANY NAME Vigilant

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

79 771

NAME OF INSURED D. Hoyer, M.D.

ADDRESS OF INSURED 718 West Buffalo Ave.

Tampa, Fla. 33603
(Street Number, City, County, State, Zip Code)

SPECIALTY COVERAGE Psychiatrist

PRIMARY CARRIER Vigilant

POLICY NUMBER 7911 25 76 -001

EXCESS CARRIER _____

POLICY NUMBER _____

DATE OF OCCURRENCE WHICH CREATED THE CLAIM 5/9/75

DATE OF SUIT, IF FILED 3/29/77

DATE _____ AND AMOUNT \$ _____ OF JUDGMENT, OR

DATE 8/15/79 AND AMOUNT \$ -0- OF SETTLEMENT.

DEFENSE COST \$ 19,370.02

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

Jury awarded a verdict in favor of our insured.

SUMMARY OF THE OCCURRENCE WHICH CREATED THE CLAIM:

Improper treatment and diagnosis.

Claimant: