

PRIMARY CARRIER

Company Code 01280 (Florida Certificate of Authority Number)

Company Name Employers Fire Ins. Co.

0384

Policy Number FX-2612-57

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Calendar Year Claim Closed 80 FCC MMI IAC 3

Insured Clarence H. Schilt, M.D.

Address 2161 McGregor Blvd., Ft. Myers, Fla.

County Coc 18

(1) Speciality Psychiatrist Code 19

(2) Date of Incident (Month, Day, Year) 122368

(3) Date submitted for mediation (Month, Day, Year)     

(4) Disposition of mediation (check one):

(1)  Plaintiff (2)  Defendant (3)  No final conclusion

(5) Date of suit, if filed (Month, Day, Year) 122368

(6) Disposition of incident (check one):

(1)  Final Judgment (2)  Settlement

(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year)     

A. Primary Indemnity \$ ~~Nil~~ 0 C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 6714. D. Excess Defense Costs \$ \_\_\_\_\_

(8) Summary Judgment (1)  For Plaintiff (2)  For Defendant

(9) Directed Verdict (1)  For Plaintiff (2)  For Defendant

(10) Trial (1)  YES (2)  NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 22680 U.S. Supreme Court denied plaintiff's petition for Rehearing.

(12) Include brief summary of occurrence which created claim.  
Alleges she should not have been confined to a mental hospital.

Prepared by [Signature]