

PRIMARY CARRIER
Company Code 44010

CLAIM # 01353

Company Name Caduceus Self Insurance Fund
Policy # 4-001231

EXCESS CARRIER
Company Code _____

Company Name _____
Policy # _____

Calendar Year Claim Closed 1981 FCC MM1 IAC 3

Insured ZUMpano, Bernard Joseph
Address Dade County County Code 01

1. Specialty Neurosurgery Code 09

2. Date of Incident ~~1/18/79~~ 011879

3. Date Submitted for Mediation ~~2/12/80~~ 021280

4. Disposition of Mediation (check one):
 Plaintiff Defendant No Final Conclusion

5. Date of Suit, if filed ~~6/19/80~~ 060980

6. Disposition of incident (check one):
 Final Judgment Settlement No Payment on Insured's Behalf.

7. Date and Amount of Judgment or Settlement N/A

A. Primary Indemnity \$ -- 0 C. Excess Indemnity \$ _____
B. Primary Defense \$ 10,036. C. Excess Defense \$ _____

8. Summary Judgment: For Plaintiff For Defendant

9. Directed Verdict: For Plaintiff For Defendant

10. Trial: Yes No

11. Date and Reason for Final Disposition, if no Settlement or Judgment: 070181

Court granted Summary Judgment

12. Brief Summary of Occurrence Which Created Claim:

Alleged negligence on the part of physician for series of brain tumor surgeries.