

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A83-7117-83

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physicians' Insurance Reciprocal

Policy Number 8301-28771

**8300498**

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

Company Name N/A

Policy Number     

Calendar Year Claim Closed 83 FCC MM1 IAC 3

Insured Z.M. Zaghloul, M.D. (deceased)

Address 300 South Duncan Avenue  
Clearwater, Florida 33515

County Code 04

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 83-03-06

(3) Date submitted for mediation (Month, Day, Year) 030683      N/A

(4) Disposition of mediation (check one): N/A

(1)  Plaintiff (2)  Defendant (3)  No final conclusion N/A

(5) Date of suit, if filed (Month, Day, Year)      N/A

(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)      N/A

A. Primary Indemnity \$ 0 C. Excess Indemnity \$       
B. Primary Defense \$ 0 D. Excess Defense Costs \$     

(8) Summary Judgment (1)  For Plaintiff (2)  For Defendant N/A

(9) Directed Verdict (1)  For Plaintiff (2)  For Defendant N/A

10) Trial (1)  YES (2)  NO

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

(Month, Day, Year) 081683 Claim not being pursued

12) Include brief summary of occurrence which created claim on back.

Prepared by [Signature]

Brief summary of occurrence:

Insd rendered treatment to himself and apparently committed suicide with a drug overdose of myuotiline. Since then his widow and minor child are trying to gain lost support and wages through insd's malpractice insurance. Atty contact.