

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 09B001

PRIMARY CARRIER

Company Code 01470 (Florida Certificate of Authority Number)

Company Name The St. Paul Insurance Companies

00248

Policy Number 509JH7538

EXCESS CARRIER

Company Code [ ][ ][ ][ ] (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 87 FCC MM1 IAC 3

Insured Antonio A. Marquez, M.D.

Address 747 Ponce de Leon Blvd. Miami County Code 01

(1) Speciality Cardiovascular Code 02 33134

(2) Date of Incident (Month, Day, Year) 01/06/83

(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) [ ][ ][ ][ ][ ]

(6) Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement

(3) [X] 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 \$ \_\_\_\_\_ C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ \_\_\_\_\_ 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) 02/13/84 No claim presented

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

12. Patient expired from reaction to chemotherapy.