

MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE #

PRIMARY CARRIER

Company Code 01470 (Florida Certificate of Authority Number) 0402
Company Name The St. Paul Company
Policy Number 509560872 09B601

EXCESS CARRIER

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

Calendar Year Claim Closed 684 FCC MMI SAC 9

Insured MARSHALL PEPPER
Address 1880 N.E. 163 St N. MIAMI BEACH, FLA County Co 01

(1) Surgery Code [] Speciality Psy Code 119
(2) Date of Incident (Month, Day, Year) 4/16/83
(3) Date submitted for mediation (Month, Day, Year) [][][][][] N/A
(4) Disposition of mediation (check one):
(1) [] Plaintiff (2) [] Defendant (3) [] No final conclusion N/A

(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 \$ 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
(10) Trial (1) [] YES (2) [X] NO

(11) Date and reason for final disposition, if no settlement or judgment:
(Month, Day, Year) 6/14/89 No Suit

(12) Include brief summary of occurrence which created claim on back.
Form No. DI4-303 Prepared by O. Jones