

PRIMARY CARRIER  
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER) 0803

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 08538

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDAR YEAR CLAIM CLOSED 84

INSURED FURPES, M.D./JAMES D.  
ADDRESS P.O. BOX 1085

COUNTY CODE 49

(1) SURGERY CODE: 06 SPECIALITY: SURGERY - GENERAL OR FAMILY PR CODE: 3

(2) DATE OF INCIDENT: 08/25/84

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: NONE

(6) DISPOSITION OF INCIDENT (CHECK ONE):

(1) FINAL JUDGEMENT (2) SETTLEMENT

(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED

(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:

A. PRIMARY INDEMNITY \$0.00 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$9.00 D. EXCESS DEFENSE N / A

(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT

(10) TRIAL (1) YES (2) X NO

(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :  
09/28/84

ON 6-22-84, INSURED PERFORMED A RIGHT INGUINAL HERNIA REPAIR. DURING SURGERY, PATIENT'S BLADDER WAS INCISED. INSURED CONSULTED UROLOGIST, THEN REPAIRED BLADDER DAMAGE. PATIENT IS DOING FINE NOW. INSURED FEELS THERE WILL BE NO PERMANENT DAMAGE. REPORTING AS A PRECAUTION.

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