

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

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8201 - 07848 85 (0171)

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 85 FCC MM1 IAC 3

INSURED DUGAN, M.D./CHARLES C.  
ADDRESS 2600 BROADWAY  
WEST PALM BEACH, FL 33407 COUNTY CODE 06

(1) SURGERY CODE: 1 SPECIALITY: DERMATOLGY-NO SURGERY-NO DERMA CODE: 03

(2) DATE OF INCIDENT: 09/02/82

(3) DATE SUBMITTED FOR MEDIATION: N / A

(4) DISPOSITION OF MEDIATION: N / A

(5) DATE OF SUIT: 09/17/82

(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: 05/03/85

A. PRIMARY INDEMNITY \$250,000 C. EXCESS INDEMNITY N / A

B. PRIMARY DEFENSE \$22,554 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 :  
N / A

LAST TIME INSD SAW PT WAS ON 9-5-80 FOR A  
PRESCRIPTION TO BE FILLED. PT HAD CATARACT  
IN THE EYE. PT ALSO BROKE OUT IN A SKIN  
RASH. A BIOPSY WAS DONE BY DR. JERGENS AND  
LATER SURGERY WAS PERFORMED ON THE EYES,  
A LENS REPLACEMENT. NOW PT IS TAKING  
RADIATION AND CHEMOTHERAPY. ATTORNEY NOW  
REQUESTING RECORDS.