

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200538118
Claim Number :	00-0245
Date Submitted :	11/8/2005

Insurer Information

Insurer Name		Coverage Type	
CLARENDON NATIONAL INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
52-0266645			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Kim		Cote
Street Address			
2000 W. Sam Houston Parkway South			
City		State	Zip
Houston		TX	77042
Phone	Ext	Fax	E-Mail Address
(713) 722 - 1648	1648	(713) 243 - 7311	kim_cote@ajg.com

Insured Information

Type	First Name	MI	Last Name
Individual	Enrique	G	Casuso
Insurer Type	Street Address of Practice		
Licensed	351 N.W. LeJeune Road, Suite 404		
City	State	Zip Code	County
Miami	FL	33126	Dade
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
CMP0007115	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME40304	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Dade
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Location		Assisted Living Center	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Palm Breeze Assisted Living Center	
Date of Occurrence		Date Reported to Insurer	
11/1/2000		7/2/2001	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Patient was being treated at Palm Breeze Assisted Living Facility for paranoia & schizophrenia.</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Alleged failure to properly supervise allowing patient to roam around freely at facility.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition No misdiagnosis</p> <p>Principal Injury Giving Rise To The Claim Patient ignited herself with alcohol & matches causing 2nd and 3rd degree burns.</p> <p>Severity Of Injury Permanent: Minor - Loss of fingers, loss or damage to organs. Includes non-disabling injuries.</p>

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Legal Information	
Date of Suit 5/20/2004	Circuit Court Case Number 03-3658
County Suit Filed in Dade	Date of Final Disposition 4/25/2005
Other Defendants Involved in this Claim Keko Jones Investments, Inc. Palm Breeze Assisted Living Facility	
Stage of Legal System at which Settlement was Reached or Award Made More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
Final Method of Claim Disposition No Payment Made	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$17,011
All Other Loss Adjustment Expense Paid	\$3,672
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	<u>Anticipated</u>
Unknown	

Updates
No updates found.