

Department File Number :	M200849628
Claim Number :	227255
Date Submitted :	5/20/2008

Insurer Information			
Insurer Name		Coverage Type	
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (THE)		Primary	
Insurer FEIN	Professional License Number		
95-3014772			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Angela		LaFrance
Street Address			
13450 W. Sunrise Blvd., Suite 160			
City		State	Zip
Sunrise		FL	33323
Phone	Ext	Fax	E-Mail Address
(954) 838 - 9988	6216	(866) 636 - 5421	alafrance@thedoctors.com

Insured Information			
Type	First Name	MI	Last Name
Individual	Michael		Sheehan
Insurer Type	Street Address of Practice		
Licensed	16554 N. Dale Mabry Highway		
City	State	Zip Code	County
Tampa	FL	33618	Hillsborough
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
18171	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME49687	Psychiatry - All Other		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury

		Occurred
	M	Hillsborough
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Physician's Office		
Name of Institution	Code	
N/A	000000	
Location of Institutional Injury	Other Location of Institutional Injury	
Other	Physician's office	
Date of Occurrence	Date Reported to Insurer	
10/14/2002	2/25/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Depression
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Psychiatric therapy
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Motor skills impairment
Severity Of Injury
Permanent: Major - Paraplegia, blindness, loss of two limbs, brain damage.

Legal Information	
Date of Suit	Circuit Court Case Number
6/24/2003	03 5936
County Suit Filed in	Date of Final Disposition
Hillsborough	5/14/2008
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
After court verdict and prior to filing of notice of appeal.	
Final Method of Claim Disposition	
No Payment Made	
Court Decision	Other
Judgment for the defendant.	

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	\$280,000	
All Other Loss Adjustment Expense Paid	\$0	
Injured Person's Total Non-Economic Loss	\$0	
Deductible	\$0	
Injured Person's Total Economic Loss		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
Unknown		

Updates
No updates found.