

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M199802048
Claim Number :	A96-17119-96
Date Submitted :	10/5/1998

Insurer Information					
Insurer Name	FIRST PROFESSIONALS INSURANCE COMPANY, INC			Coverage Type	Excess
Insurer FEIN	59-6614702	Professional License Number			
<u>Insurer Contact Information</u>					
Type	Entity	Entity Name			
Street Address					
City		State	FL	Zip	
Phone	Ext	Fax	E-Mail Address		

Insured Information							
Type	Individual	First Name	STRICKER COLES II	MI		Last Name	MAYS
Insurer Type	Licensed	Street Address of Practice		*NR			
City	*NR	State	FL	Zip Code	32504	County	Escambia
Policy Number	*NR	Per Claim Policy Limits		\$500,000	Aggregate Policy Limits		*NR
Profession or Business	Medical Doctor		Other Profession or Business				
License Number	0042462	Specialty Code & Classification		Surgery - Obstetrics - Gynecology			Certification Number

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender F	County where Injury Occurred *NR
City		State	Zip Code
Location where injury occurred Hospital Inpatient Facility		Other location where injury occurred	
Name of Institution *NR		Code	
Location of Institutional Injury Labor and Delivery Room		Other Location of Institutional Injury	
Date of Occurrence 2/15/1996		Date Reported to Insurer 2/29/1996	

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition *NR	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury *NR	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	*NR
Principal Injury Giving Rise To The Claim	*NR
Severity Of Injury Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.	

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Legal Information	
Date of Suit	Circuit Court Case Number
5/16/1997	0097-0903-CA-01
County Suit Filed in	Date of Final Disposition
	9/30/1998
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
Within 90 days of suit being filed.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$500,000
Loss Adjust Expense Paid to Defense Counsel	\$5,700
All Other Loss Adjustment Expense Paid	\$1,927
Injured Person's Total Non-Economic Loss	\$430,000
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$20,000
	<u>Anticipated</u>
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
*NR	

Updates
No updates found.