



Claims Detail Report



Branch: Admiral Insurance Austin TX

Tuesday, December 11, 2018

Policy Information

Policy #:	Prev. Policy #:	Limits:	Insured:	Eff. Date:	Exp. Date:	Deductible:	State:
CO000002745-02	<u>CO000002745-01</u>	\$1,000,000.00	WEST LAKES SURGERY CENTER	1/1/2017	1/1/2018	**	IA

** Please refer to policy

Claim Information

Claim #: **Claimant:** **Status:** **Location:**
Loss Supervisor: **Adjuster:**
Date of Loss: **Received Date:**
Facts:
Loss Res:**Loss Paid:****Total Incurred:****Exp Res:****Expn Paid:****- Deductible Paid:****Salvage:****Total Net Incurred:**

This information being provided herein is for informational purposes only. The Company does not make any express or implied representation or warranty as to the accuracy or completeness of the Information. The Company shall have no liability relating to the Information or for any errors therein or omissions therefrom.



A BERKLEY COMPANY



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Totals - Number Claims = 0					
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Incident Information

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Tuesday, December 11, 2016

Policy Information

Policy #:	Prev. Policy #:	Limits:	Insured:	Eff. Date:	Exp. Date:	Deductible:	State:
CO000002745-01		\$1,000,000.00	WEST LAKES SURGERY CENTER	1/1/2016	1/1/2017	**	IA

** Please refer to policy

Claim Information

Claim #:	Claimant:	Status:	Location:
C167180 001	Rueben J. Van Veldhuizen	Closed	Clive, IA 50325

Loss Supervisor:	Adjuster:
Bruce Schuck	

Date of Loss:	Claims Made
7/7/2016	8/25/2016

Facts: Death secondary to succinylcholine

Loss Res:	\$0.00	Loss Paid:	\$750,000.00	Total Incurred:	\$811,490.29
Exp Res:	\$0.00	Expn Paid:	\$61,490.29	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$811,490.29

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Totals - Number Claims = 1				
Loss Res:	\$0.00	Loss Paid:	\$750,000.00	Total Incurred: \$811,490.29
Expn Res:	\$0.00	Expn Paid:	\$61,490.29	- Deductible Paid: \$0.00
Salvage:	\$0.00			Total Net Incurred: \$811,490.29

Incident Information

Date of Loss:	Claimant Name:	Incident Reported:	Loss Supervisor:
8/25/2016	Michael Mertz	8/25/2016	Bruce Schuck
Facts:	Incident/Potential Claim Re: Medication Error		

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