DOCTORS' ARMOR
by Physicians Indemnity

Request and Release of
Loss History / Insurance Verification

Date of Request: _____

Name of Policyholder	
Policy Number	
Policyholder's Telephone / Email	

To Whom It May Concern:

I authorize Physicians Indemnity Risk Retention Group, Inc. ("PIRRG") to release information relating to any claims and/or lawsuits against me.

Please provide a current loss run and claims history for the period of time during which I was insured with PIRRG. I understand the information to be provided is highly confidential and should not be disclosed in any manner that would cause such information to benefit any claimant.

Please provide the requested information to:

Name / Organization	
Telephone Number	
Fax Number	
Email Address	
Additional Information	

Thank you in advance for your assistance with this request.

_____
Policyholder's Signature

_____
Printed

Please submit form, via email or fax, to: info@pirrg.com / 888-608-6327
If you have any questions, please contact our office – 813-513-3041