

Re: Request for Insurance Company Loss History

Policy: _____

Dear Claims Verification Department:

I authorize Physicians Indemnity Risk Retention Group, Inc. to release information relating to claims and suits against me. Please provide a current loss run and claims history for the period of time during which I was insured by your company. 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 fax this information to: _____

Please email this information to: _____

Thank you in advance for your assistance with this urgent request.

Sincerely,

Signature

Dated

Printed Name