



NIP Management Company, LLC, Attorney-In-Fact  
900 Route 9 North, Ste. 503 Woodbridge, NJ 07095-1003  
www.conventusnj.com

P (877) 444-0484  
F (732) 791-9431

To: NIP Management Company, LLC. Attorney-In-Fact  
Conventus Inter-Insurance Exchange  
900 Route 9 North, Suite 503  
Woodbridge, NJ 07095  
Phone # 1-877-444-0484 Ext 7330  
Fax # 732-791-9431

Insured Name: \_\_\_\_\_

Policy # or NJ Medical license #: \_\_\_\_\_

I request and authorize you to release the following information regarding all professional liability claims against me while I was insured under a policy of insurance with your company.

- My Insurance Policy Number
- The Case and File Number
- The Date of the Alleged Negligence
- Whether Pending or Close on their Records
- If Closed, the Amount of any Indemnity Paid

This information is requested for the purpose of obtaining Professional Liability Insurance.

Information is to be released to:

NJ PURE  
\_\_\_\_\_

214 Carnegie Center Suite 101 Princeton, NJ 08540  
\_\_\_\_\_

Fax #: 609-520-0225  
\_\_\_\_\_

Attn: Underwriting  
\_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Print or Type Name

**\*Please complete form and fax to 732-791-9431**