

To:

Re:

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:

Date Signed

Insured's Signature

Policy #

Print or Type Name