



Malpractice Insurance Co. Name, Address

Policy#: _____

Complete one form per each insurance company listed in Section IX. Copies can be made.

CERTIFICATE OF INSURANCE/CLAIM INFORMATION REQUEST FORM

Please submit requested information to:

Northern Colorado IPA
1175 58th Ave. Ste. 202
Greeley, CO 80634
Phone: (970) 495-0333
Fax: (970) 224-9624

Certificate of insurance and claims history

Information on the applicant malpractice claims history (suits filed, settlements, and judgments) for the past five years.

Document indicating policy information to include policy number, effective dates, limits of liability, retroactive date, specialty, and class.

THIS SECTION TO BE COMPLETED BY APPLICANT

Print or Type: _____

Social Security Number: _____

I hereby consent for above Insurance Company to release information about me to include information concerning my current professional liability insurance coverage which includes policy number, effective dates, limits of liability, retroactive date, specialty, and class. In addition, I consent for above Insurance Company to release information concerning those cases which have been settled or closed including the ultimate disposition of any such proceedings or actions that have been settled or closed, and any information concerning such proceedings or actions, and to the fullest extent permitted by law, release providers of such information from any and all liability. A copy or fax of this authorization may be used in lieu of the original,

Applicant Signature

Date