



RELEASE FOR CERTIFICATE OF INSURANCE AND/OR CLAIM HISTORY

Name of Institution: Montrose Memorial Hospital
Mailing Address: Attn: Nancy Abel
Street: 800 S. 3rd Street
City, State, Zip: Montrose, Co 81401

CERTIFICATE OF INSURANCE

The Certificate of Insurance identifies policy information to include policy number, effective dates, limits of liability, retroactive date, specialty, and class. The signed Authorization of Release of Information will remain on file until revoked by either party.

CLAIMS HISTORY ONLY

Information on the applicant's malpractice claims history with COPIC for the past five years will be provided. (Limited to claims, which are also required to be reported to the BME and/or the National Practitioner Data Bank which are closed and which resulted in indemnity payments). Current authorization must accompany each request.

- Please add our organization as a third party certificate holder.
Please provide us with a manual Certificate of Insurance. (\$25)
Please provide our organization with a Claim History (\$25)
Please provide both a manual Certificate of Insurance and Claim History (\$50)

For the above information to be released, COPIC must have a properly completed and signed authorization from the individual insured (authorization below). When requesting a manual Certificate and/or Claim History, please include your check payable to COPIC Insurance Company when returning this form.

Requested by: Phone & Fax Number:



Insured's Full Name
Medical License # State
COPIC Policy #

AUTHORIZATION OF INSURED TO RELEASE INFORMATION:

I hereby consent for COPIC Insurance Company to release information about me as indicated above to the institution listed above. This may include information concerning my professional liability insurance coverage, which includes policy number, effective dates, limits of liability, retroactive date, specialty, and class. It may also include claim information which includes indemnity payments on closed claims for a period of up to 5 years. To the fullest extent permitted by law, I hereby release providers of such information from any and all liability. A copy of this authorization may be used in lieu of the original.

of individual insured Date signed Signature