



To: Risk Management Office
H4/851-8360
Questions: 261-1327 kl.deaton@hosp.wisc.edu
Fax (608) 263-9830

From: _____
(Print full name)

Re: Request for Liability Coverage/Claims History
(Available in 5-10 working days)

Please prepare a Liability Coverage/Claims History for me. I have provided the following information to assist you.

Official Name: _____
Program/Specialty: _____
Dates of Training: _____
Social Security Number: _____
Date of Birth: _____

Information Requested:

- Summary of Liability Insurance Coverage
- Claims / Loss History

Please Send Information to:

*If you would like a copy of the history, list your name and address below.
If you need additional space, please use reverse side of page.*

If you need additional information, you can reach me at _____.

Thank you.

Signature

Date