



**To:** Email: [riskmgmt@uwhealth.org](mailto:riskmgmt@uwhealth.org)  
Questions: UWH Risk Management: 261-1327  
Fax (608) 662-4476

**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: **(Last 4 Digits) xxx-xx-** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Information Requested:**

- Summary of Liability Insurance Coverage
- Claims / Loss History

**Please Send Information to:**

_____	_____
_____	_____
E-mail: _____	E-mail: _____

**If you need additional information, you can reach me at \_\_\_\_\_.**

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date