



I authorize the Agency identified in the logo above ("Agency"), and The Premium Group, Inc. ("TPGI") to retrieve from CAQH and to release to their contracted insurers (and each of their respective employees, directors, offices, advisors, counsel and agents) my entire provider data file from CAQH's Universal Provider Datasource for the intended purpose of requesting insurance quotes on my behalf. I further authorize the Agency, and TPGI, and their contracted insurers to release my information as may be required for the intended purpose of this application. I specifically waive any and all written notice requirements from any entities or individuals who provide information based upon this Authorization and Release. I further acknowledge that each prospective insurer has its own criteria and my request for quotes may be accepted or rejected by each independently.

I acknowledge that I have read the foregoing Authorization and Release and understand the terms. I understand and agree that by providing my signature below, this Authorization and Release will be transmitted to TPGI, for the stated purposes.

Please fill in all fields as they appear in your CAQH data

Date: _____

Last Name: _____ First Name: _____ Middle Initial: ____

Degree (circle one): M.D/D.O.

Date of Birth: _____ Email: _____

Primary Office Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number or UPIN: _____

Signature: _____

Risk Management

Please let this letter serve as my request for you to provide Loss History for my prior insurance coverage with your company. Please provide detailed information for any and all claims, including dates of coverage and paid expense. *Please fax this report to OOA Insurance Agency (Fax: 440-542-5005)*

Signature

Date

Printed Name

The O.O.A. Insurance Agency is owned by the Ohio Osteopathic Association and managed by The Premium Group, Inc.