

Authorization to Release Coverage Verification/Claim History

*Legibly complete in full for proper and prompt processing.
Requests are processed in the order they are received. Processing time is 1 to 2 weeks.*

- I am **NOT** a current insured of Princeton Insurance. (A \$35 check or money order must accompany each request for processing.)
- I am **currently insured** by Princeton Insurance. (Practitioners may request one free report per year. Include a \$35 check or money order for each additional request. If you are requesting your annual free report, be sure to also sign the authorization in the bottom section of this form.)

Complete to ensure processing of proper individual (all fields required):

Practitioner's full name: _____

Current phone #: _____

Current mailing address: _____

City _____ State _____ Zip Code _____

Policy# _____ Social Security # _____ Medical license # _____

Princeton Insurance should send my report to (all fields required):

Company name: _____

Attention to: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax# (if you prefer a fax copy instead of a mailed copy): _____

I authorize Princeton Insurance to release my claim/coverage history to the above entity.

Practitioner's Signature (NO STAMPED SIGNATURES)

Signature DATE (Required)

Princeton Insurance Current Insured Annual Free Report Authorization

If you are currently insured by Princeton Insurance, you may request one free report per year. Your signature below authorizes this to be your annual free report. There is a \$35 processing fee for any additional reports.

Practitioner's Signature (NO STAMPED SIGNATURES)

Signature DATE (Required)

**RETURN COMPLETED FORM TO: Fax# 609-452-2893 or Princeton Insurance, Verification Unit
P.O. Box 5322, Princeton, NJ 08540
Phone # 609-452-9404**

The Princeton Insurance Company has taken reasonable steps to ensure that the information contained on the claim history report is accurate. However, due to the volume of data involved, the Company cannot guarantee that there may not be an occasional error or omission. Accordingly, the Company will accept no responsibility for an inadvertent or unintentional mistake. We strongly recommend that the information we provide be independently verified by the practitioners themselves before the requestor acts upon the information.