

Commonwealth of Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

LIABILITY CARRIER REQUEST FORM

Applicant Print Name: _____

APPLICANT INSTRUCTIONS: Print name above. In chronological order, list your liability carriers covering the past 10 years that you have held a full license in the U.S. or Canada. Only include liability carriers from postgraduate training if it was within the past 10 years and you held a full license at that time. Send a copy of this form to each carrier in order to request a claims history report. Send the original form to the Board with your application. This form is not required if you have never held a full license in the U.S. or Canada.

Liability Carrier			
Dates of Coverage	From: _____ To: _____	Policy Number	
Liability Carrier			
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Liability Carrier			
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Liability Carrier			
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Liability Carrier			
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Liability Carrier			
Dates of Coverage	From: _____ To: _____	Policy Number	

LIABILITY CARRIER INSTRUCTIONS: Please provide the following documentation directly to the Board at the above listed mailing address or via email at: malpractice.reports@MassMail.State.MA.US. If sending documents via email, you must include the physician's name in the subject line of the email.

Claims History Report/Loss Run Report: Please provide a claims history report on letterhead, which includes:

1. Policy number
2. Dates of policy coverage;
3. If your company's name has changed, please provide any former company names.
4. Whether the applicant has any claims history;
5. If the applicant has a claims history, please include:
 - a. the name/initials of the claimant(s);
 - b. nature and date of claim(s);
 - c. whether the claim is pending or closed. If closed, final disposition; and
 - d. amounts paid on the applicant's behalf, if any.

Additional Claim Documentation: If the applicant has a claims history, please provide copies of the following:

1. Complaint, notice of intent to file a claim, or other claim letter; and
2. Final judgment, settlement and release, or other final disposition of each claim.