**Commonwealth of Massachusetts Board of Registration in Medicine**

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[**www.mass.gov/massmedboard**](http://www.mass.gov/massmedboard)

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| **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** |  |
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| **Liability Carrier** |  | | |
| **Dates of Coverage** | From: **\_\_\_\_\_ \_\_\_\_\_\_** To: **\_\_\_\_\_ \_\_\_\_\_\_** | **Policy Number** |  |
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| **Liability Carrier** |  | | |
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| **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](mailto: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:    1. the name/initials of the claimant(s);    2. nature and date of claim(s);    3. whether the claim is pending or closed. If closed, final disposition; and    4. 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. | | | |