MLMIC
MLMIC Insurance Company
a Berkshire Hathaway company

Policyholder Services Department
Request Form for:
Claim History / Certificate of Insurance / Declarations Page

Date:		**From:**	
To Fax:	212-300-9388	**From Fax #:**	
To Email:	PHSfax@mlmic.com	**From Email:**	
To Phone:	212-576-9670	**From Phone:**	

Please note that this form is:

-For Individually Insured Policyholders Only
-Not to be used by third parties for Hospital/Healthcare Facility Additional Insured Employees (Requests must be submitted by the respective Institution's authorized representative)

Name of MLMIC Insured:_____ **Reference No.:**_____

Check all that apply to your request and attach required information:

☐ **Claim History Request**
Please attach an authorization to release this information signed and dated by the insured, as well as details of the request including name, address and if applicable, the email address or fax number of the recipient.

☐ **Certificate of Insurance Request**
(This document is sent exclusively to third parties (Hospital, HMO, etc.) as proof that the insured carries the indicated liability coverage.)
Please attach an authorization to release this information signed and dated by the insured, as well as details of the request including name and address of the third party recipient and if applicable, their email address or fax number

☐ **Copy of the latest Declaration Page**
(This document is only released to the insured and requires the insured's dated signature below)

Insured's Signature:_____Date:_____