

CONSENT AND REQUEST TO RELEASE INFORMATION

To: The Doctors Company, a California Interinsurance Exchange (The Doctors Company)

Attention: memberservices@thedoctors.com Fax: 707.265.3466

RE: Consent to Release Information:

I, _____, an insured under policy # _____ authorize The Doctors Company (including all subsidiaries) to release my:

Certificate of Insurance Claims History Report Loss Runs*

to: _____ **to be sent via: Fax Email to _____
Print Fax # or email address of recipient

*Loss runs contain claims information for all years of coverage and only available in response to member requests.

**Requests involving non-incumbent producers must be signed by the insured no more than five business days of submission.

RELEASE

I hereby release The Doctors Company, its officers, employees, and any agents from any claims, liabilities, actions, damages, or otherwise, arising out of the release of the requested information.

I also acknowledge that mistakes may occur in the provision of such information, and without limiting the foregoing, I specifically release The Doctors Company, its officers, directors, employees, and agents from any claims due to incorrect, misdelivered, or otherwise inapplicable information provided pursuant to this consent and request provided on discovery of any error, prompt reasonable corrective actions are taken.

I, on behalf of myself and anybody who might make any claim related to this document and related actions, waive the provision of Section 1542 of the California Civil Code, which provides:

“A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.”

As an insured and non-California resident not directly subject to Section 1542, I waive any rights I might have against The Doctors Company related to this agreement to the fullest permitted extent under the laws of my state.

This release is valid for two years from the date it was signed unless cancelled in writing and delivered to The Doctors Company.

Signature of Physician/Individual Date