



MAG MUTUAL®

MAG MUTUAL INSURANCE COMPANY

Claims History Letters**Phone 404-842-5446**

7 Piedmont Center, Suite 601
3525 Piedmont Rd.
Atlanta, GA 30305

To obtain a claims history letter, please print, complete, sign and mail or fax this form to:

FAX : 404-848-8610
Attn: Claims History Letters

Insured's Full Name, Degree

Policy Number

(please print)

State License Number

Policyholder Name (self, group, hospital)

Note: In order to protect your confidentiality, claims history letters will be sent only to the insured. **We will not fax directly to hospitals or to other insurance companies.**
Please indicate by which method you wish to receive, (complete only **one**).

Your fax number:

OR

Your mailing address:

I authorize MAG Mutual to send my claims history to me for the following period (circle one):

- The past 5 years, or
- The past 10 years or
- Entire period insured

Signed

Date

Phone Number where you may be reached
