



MAG MUTUAL®

MAG MUTUAL INSURANCE COMPANY

Claims History Letters
3525 Piedmont Road NE
Building 8, Suite 600
Atlanta, GA 30305-1556

Phone 404-842-5446

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 _____