

Locum Tenens Coverage Request



Please submit this completed form to ProAssurance either by email (coirequests@proassurance.com) or fax (205.802.4799).

Locum Tenens requests will be directed to the proper Underwriter for processing within 3-5 business days, and Proof of Coverage will be mailed to you.

This request form is not applicable in the states of IN and PA. Please contact your Agent.

Policyholder Name: _____ Policy Number: _____

Insured Healthcare Professional: _____			
Locum Tenens Healthcare Professional: _____			
Coverage Period:	First Day of Coverage: _____	Last Day of Coverage: _____	
	License #: _____	Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you require proof of coverage for the locum tenens?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Insured Healthcare Professional: _____			
Locum Tenens Healthcare Professional: _____			
Coverage Period:	First Day of Coverage: _____	Last Day of Coverage: _____	
	License #: _____	Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you require proof of coverage for the locum tenens?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Insured Healthcare Professional: _____			
Locum Tenens Healthcare Professional: _____			
Coverage Period:	First Day of Coverage: _____	Last Day of Coverage: _____	
	License #: _____	Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you require proof of coverage for the locum tenens?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Insured Healthcare Professional: _____			
Locum Tenens Healthcare Professional: _____			
Coverage Period:	First Day of Coverage: _____	Last Day of Coverage: _____	
	License #: _____	Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you require proof of coverage for the locum tenens?		Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby request coverage for the provider(s) listed above.

Signature of Insured or Insured's Representative

Date

Printed Name of Insured or Insured's Representative

Title