

South Carolina Joint Underwriting Association  
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www.scjua.com

THE SOUTH CAROLINA JUA is a not-for-profit association established to insure, support and defend South Carolina medical professionals. The association is managed by Marsh USA, Inc.

**AUTHORIZATION TO RELEASE POLICY INFORMATION FORM**

Instructions:

- 1. Please complete, sign and date this authorization, and return via email/fax to Teresa Anderson at the SCJUA:  
Prefer Email: [Teresa.Anderson@Marsh.com](mailto:Teresa.Anderson@Marsh.com) Alternate Fax: 864-240-2750

**A. INSURED INFORMATION:**

- 1. Insured name: \_\_\_\_\_
- 2. SCJUA policy #: \_\_\_\_\_ 2a. Effective dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 3. Practice/Entity name: \_\_\_\_\_
- 4. Please accept this as my request and authorization to release the following:  
4a.  Claims History / Loss Runs (Please allow 2 weeks for this request to be processed.)  
4b.  Verification of Coverage / copy of my Declarations Page
- 5. Please forward this information to:  
5a. Company name: \_\_\_\_\_  
5b. Attention: \_\_\_\_\_  
5c. E-mail address: \_\_\_\_\_  
5d. Fax #: \_\_\_\_\_

**B. AUTHORIZATION:**

\_\_\_\_\_  
Signature of Insured \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

*The information contained in this application is privileged and confidential. It is intended only for the use of the JUA. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this application is strictly prohibited. If you have received this application in error, please notify The South Carolina JUA immediately by telephone and return the original message to us via the U.S. Postal Service. Thank you*