

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.

POLICY CANCELLATION REQUEST FORM

Instructions:

- 1. Please complete, sign and date this form and fax it to the SCJUA. If you have excess coverage from the SC Patients Compensation Fund (SCPCF), please fax this completed form to both the SCJUA and the SCPCF at the numbers provided below. You may use this page as a fax coversheet.

A. FAX COVER INFORMATION:

TO:

SC JUA Underwriting Department
Fax #: 864-240-2750

SC PCF
Fax #: 803-896-5294

FROM:

_____ Date: ____ / ____ / ____
Authorized Practice Representative Name

PRACTICE NAME: _____

INSURED'S NAME: _____

Phone: _____

Fax: _____

Total # of Pages: _____

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B. POLICY INFORMATION

1. Insured Name: _____
2. SC JUA Policy Number: _____
3. SC PCF ID Number: _____ (if applicable)

C. CANCELLATION INSTRUCTIONS

3. Please cancel my SC JUA policy as of 12:01 a.m. on (date): ____ / ____ / ____
 (The cancellation date should be the date following the last day that you need coverage under this policy.)
4. The reason(s) for cancellation is (are) as follows:
 - Permanently retired
 - Leave of absence
 - Employment change
 - Moved
 - Military deployment
 - Other, please provide specific details: _____
 - Coverage is now or will be provided by another insurance company.
5. Name of new insurance company: _____
6. Type of new coverage: Occurrence Claims-made
7. Forwarding Information:
 - Street or PO Box: _____
 - City: _____ State: _____ Zip: _____
8. New Telephone: _____ 8b. New Fax: _____
9. New Email Address: _____ 9b. May we contact you via e-mail? Yes No

D. AUTHORIZATION

 Signature of JUA Insured

____ / ____ / ____
 Date

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