



IRONSHORE COMPANIES
 175 Powder Forest Drive
 Weatogue, CT 06089

**REQUEST TO COLLECT
 UNDERWRITING INFORMATION FOR
 MEDICARE REPORTING &
 SECONDARY PAYER ACT LIABILITY**

**YOU ARE APPLYING FOR A MODIFIED CLAIMS MADE LIABILITY POLICY WITH DEFENSE
 EXPENSE INCLUDED WITHIN THE LIMIT OF LIABILITY**

To request a confidential insurance proposal for your organization, please provide contact information and member of our underwriting staff will contact the designated individual to arrange for a telephone interview or an in person meeting to collect complete underwriting information.

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| Named Insured(s) & Address: | <input type="checkbox"/> USA, <input type="checkbox"/> - Other – _____ |
| Desired Policy Period: | _____ to _____ Both days at 12:01 am local time at the principal address of the Named Insured. |
| Your Contact Person(s) for Underwriting Information: | |
| Type of Entity: | <input type="checkbox"/> For-Profit, <input type="checkbox"/> Not-for-Profit, <input type="checkbox"/> Taxable, <input type="checkbox"/> Non-Taxable |
| Organizational Type: | <input type="checkbox"/> Individual, <input type="checkbox"/> Partnership, <input type="checkbox"/> Corporation, <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture, Ownership <input type="checkbox"/> Public, <input type="checkbox"/> Private |
| Describe your business products & operations: | |
| Your Internet Website: | |
| Your Annual Estimated Number of Claims Reportable to CMS: | <input type="checkbox"/> Unknown at this time |

Forward your completed to *Request to Collect Underwriting Information for Medicare Reporting and Secondary Payer Act Liability* to:

IronHealthSubmissions@Ironshore.com - FOR HEALTHCARE ORGANIZATIONS

IronshoreCasualty@Ironshore.com - FOR NON-HEALTHCARE ORGANIZATIONS

Your Medicare Reporting & Secondary Payer Act Liability Insurance coverage is serviced on behalf of:
Ironshore Insurance Specialty Insurance Company, by:



MGU Specialty Risk Services, LLC
3959 Van Dyke Road, #385
Lutz, Florida 33558-8025
USA

MMSEA@MGUSpecialtyRiskServices.com
Email: MMSEA@MGUSpecialtyRiskServices.com
www.MGUSpecialtyRiskServices.com

| | |
|--|---|
| _____ Signature of Applicant | _____ Signature of Producer |
| _____ Printed Name | _____ Printed Name |
| _____ Title (Chief Executive Officer or President only) | _____ Date Signed |
| _____ Date Signed | _____ Name Of Producing Agency |
| | _____ Agent License Number & State of Issuance |
| _____ Producer or Agency Address | _____ National Producer Number |
| _____ Producer or Agency Email Address & Telephone | _____ Signed by Licensed Surplus Lines Producer (Where Required By Law) |