

**CONSENT TO RELEASE INFORMATION**

TO: The Doctors Company, a California Interinsurance Exchange (The Doctors Company)  
Email: [memberservices@thedoctors.com](mailto:memberservices@thedoctors.com) Fax: 707.265.3466

FROM: \_\_\_\_\_

RE: Consent to Release Information: Policy # \_\_\_\_\_

**REQUEST**

I, \_\_\_\_\_, authorize The Doctors Company (including all subsidiaries) to release  
*Insured Name*

my  Certificate of Insurance,  Claims History Report,  Loss Runs\*

to: \_\_\_\_\_ to be  
*Print name of intended recipient and title, or "self"*

sent via  Fax  Email to: \_\_\_\_\_  
*Print fax # or email address of recipient*

I hereby authorize The Doctors Company to release the information requested to  
\_\_\_\_\_, and I consent to its use by \_\_\_\_\_.  
*Print name of intended recipient* *Date*

\*Loss runs contain claims information for all years of coverage. They are not available for third party requestors.

**RELEASE**

I hereby release The Doctors Company, its officers, employees, and any agents from any claims, liabilities, actions, damages, or otherwise, arising out of the release of the requested information.

I also acknowledge that mistakes may occur in the provision of such information, and without limiting the foregoing, I specifically release The Doctors Company, its officers, directors, employees, and agents from any claims due to incorrect, misdelivered, or otherwise inapplicable information, provided on discovery of any error, prompt reasonable corrective actions are taken.

Releasor waives the provision of Section 1542 of the California Civil Code, which provides:

“A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.”

\_\_\_\_\_  
Signature of Physician/Individual Date