



Authorization to Obtain Loss Data

Entity/JPA Name: _____

Programs:

(Please check the appropriate coverage for which your organization extends its authority)

Workers' Compensation General Liability Medical Malpractice Property

Authorization:

In recognition of the need to obtain loss data, I authorize Public Risk Innovation, Solutions, and Management (PRISM) to obtain loss data on behalf of my organization from past, present and future Third Party Administrators. I further authorize past, present, and future Third Party Administrators to provide loss data directly to PRISM on my behalf, for the purposes designated below.

- Annual Renewal, Quarterly and Monthly Claims Reports to be used for actuarial work, underwriting analysis, premium allocations, submission to reinsurers, and to update PRISM's Claims System
- Agencies related to PRISM requesting the data for market placement, actuarial studies and statistical analysis/benchmarking:
 - Alliant Insurance Services (market placement)
 - Bickmore Actuarial (Member actuarial studies)
 - PRISM Member agencies (statistical analysis/benchmarking - all personal identifying information will be removed)

By signing and returning this completed authorization form, I hereby give permission for my TPA(s) to provide loss data directly to PRISM as indicated above.

Signature

Date

Printed Name

Title