

- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company

Named Insured	Policy Number (if known)	Effective Date
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Employee Name (last, first, middle)	Job Title/Specialty	Social Security #	Date of Birth	License #/State or Certification	School/Training/Certification Courses, including year of completion

Please attach a loss history for past eight years for each employee, if available. If not available, please list any claims for each employee in last eight years on a separate sheet.

_____ Date

_____ Signature of Named Insured/Representative

Employee Name (last, first, middle)	Job Title/Specialty	Social Security #	Date of Birth	License #/State or Certification	School/Training/Certification Courses, including year of completion