Washington State Midwifery and Birthing Center Malpractice Insurance Joint Underwriting Association c/o Wendy Gordon Consulting, LLC (No Payments)

PO Box 2393, Lynnwood WA 98036

Phone: (425) 536-8227 Fax: (425) 536-8221

## Midwife Premium Audit Professional Liability Policy

Policyholder's Name: Address: Phone number: Email address:			
Policy number: Start date (current year): Cancellation date:			
more birth and/or death	state law to do a premium audit on a certificates than you paid premiums and check will be issued, or credit ma	for, you w	ill be billed for the additional. If
cancellation date listed acting as locum under y signed the certificate. You personally sign. If you w owner(s) to obtain/confir	orked with more than one practice,	UA? Please a strended willy on how you will no	where another midwife or doctor many certificates you or your locum eed to contact your previous practice
multiples, etc.	t covered by the Jort, e.g. Out of he	ospitai oirtii	is for VB/1C, planned breech,
Numbe	r of Home Deliveries:		
Numbe	r of Hospital Deliveries:		
Numbe	r of Birth Center Deliveries:		
	Total All Deliveries:		
Pe	ercentage Well-Person GYN Care?	%	(ARNP only)
(initial) I hereby certify that the above information is true and correct, and I acknowledge that misrepresentation may be considered as insurance fraud (initial if applicable) If my practice was paying my premiums, I authorize any refund to be returned to the practice.			
Print Name:	Signature:		
Please return via email to JUA@WendyGordonConsulting.com or by fax to (425) 536-8221.			