



# Subpoena Notification

Email the completed form to: [malpracticecustomerservice@pearlinsurance.com](mailto:malpracticecustomerservice@pearlinsurance.com) OR  
Overnight mail to: Preferra Insurance Company RRG Plan Administrator,  
1200 E. Glen Ave., Peoria Heights IL 61616

**FORM INSTRUCTIONS:** All questions must be answered. If a question does not apply, enter N/A. To submit additional information, please attach to this form.

Name: \_\_\_\_\_ Expiration date of Current Policy: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Retroactive Date of Current Policy: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- 1.) Prior Carriers and effective dates of coverage with each:
- 2.) Date Subpoena was received:
- 3.) Location of Subpoena (State):
- 4.) Dates of Treatment/Evaluation of Involved Client(s)\*:

*\*Be as accurate as possible with dates of treatment.*

✓ ***Please be advised that in order for coverage to apply, report or discovery of the subpoena must occur during the policy period; AND dates of treatment or incident resulting in any claim must have occurred subsequently to any retroactive date on your policy (if applicable).***

✓ *If you were not insured with Preferra Insurance Company RRG at the time the claim was made against you or discovered, please contact the insurance carrier with whom you were insured at that time.*

**\*\*\*Please forward a copy of the subpoena received along with this report.  
Treatment notes and records and other patient Private Health Information are not necessary at this time.\*\*\***

**PLEASE READ AGREEMENT AND CHECK ONE ANSWER:**

*The insured declares the information contained in the incident report is true, and no material facts have been suppressed or misstated.*

I Agree  I Do Not Agree

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_