

INSTRUCTIONS: Please type directly into the fields and click the submit info button. You can also fax this form to 708.848.6804.*

Group Census-Emergency Medicine

Group Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

1. Return this form with patient visit count by hospital or urgent care location
2. Include a copy of your current insurance policies declarations page.
3. If available, include loss information, preferably insurer loss runs, for the past 10 years.
4. Instead of completing this form you can send a copy of the latest physician census attached to your policy
5. If you prefer, you can complete and submit online – go to www.cg-ins.com

Cunningham Group

PO Box 680

Oak Park, IL 60303

Toll Free: 800.962.1224

Fax: 708.848.6804

Physician Name	Retro Date	Yr's In Practice
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