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| **RISK MANAGEMENT SERVICE PLAN REQUEST** | |
| **Insured** | |
| *Name:*  *Address:*  *Contact:*  *Contact Phone:*  *Contact Email:*  *Tax ID:* | First Named Insured Name  First Named Insured Street Address 1  First Named Insured Street Address 2  First Named Insured City, State, Zip  Insured Contact  Insured Contact Phone  Insured Contact eMail  Tax ID (We need the tax ID to reimburse you for approved expenses) |
| **Policy Period Effective From:**       **to:**      ;  Both days at 12:01 am local standard time at the mailing address of the Named Insured | |

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| **Amount of Risk Grant Available:** | | | **Policy Number:** | |
| **Cost of this Service Plan:** | | | | |
| **Vendor:** | | | | |
| *Name:*  *Address:*  *Contact:*  *Contact Phone:*  *Contact Email:*  *Tax ID* | Vendor Name  Vendor Street Address 1  Vendor Street Address 2  Venor City, State, Zip  Vendor Contact  Vendor Contact Phone  Vendor Contact Email  Tax ID (We need the tax ID to pay vendors directly for approved charges) | | | |
| **Description of Service Plan:** | | | | |
| *Alternatively, you can provide a copy of the service plan provided by the vendor including cost of services.* | | | | |
|  | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Approved By Date** | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approved Amount** |

**Application Instructions.**

Please complete the attached application and forward to [greg.hamlin@bhspecialty.com](mailto:greg.hamlin@bhspecialty.com).   
We will review and respond within 3 working days.

Examples of approved services:

* Risk Management Education: in-house programs, speakers, CE Credits
* Service Area Assessments: OB, ER, Surgical, Physician Office Practice
* Team Building & Communication within your RM, Patient Safety and Claim team
* Project Management with a risk management focus or objective
* Expert Consultation
* On-Line Subscriptions for Risk Management, Benchmarking Services

Examples of requests that would be denied:

* Entertainment, alcohol, non-coach travel, non-approved conferences, any off-shore activity
* Requests for office supplies or equipment