



CASE REFERRAL FORM

ADJUSTER

Name: _____
 Phone Number: _____
 Email: _____
 Claim Number: _____
 Carrier Paying Claim: _____
 Date of Loss: _____
 State of Loss: _____
 Name of Insured: _____

ANNUITANT

Name: _____
 Male Female
 Date of Birth: _____
 Social Security Number: _____
 Address: _____
 Nature of Injury: _____

DEFENSE COUNSEL

N/A

Attorney's Name: _____
 Firm Name: _____
 Address: _____
 Phone Number: _____
 Email: _____

PLAINTIFF COUNSEL

N/A

Attorney's Name: _____
 Firm Name: _____
 Address: _____
 Phone Number: _____
 Email: _____

Type of Claim: Liability UM UIM WC

I would like structured settlement proposals developed with a total cost of: _____

N/A Attorney Fees: _____

N/A Liens: _____

N/A Cash at Settlement: _____

STRUCTURED SETTLEMENT ANNUITY COST:

Please send proposals to:	Defense Counsel	Plaintiff Counsel	Adjuster
Please carbon copy:	Defense Counsel	Plaintiff Counsel	Adjuster

ADDITIONAL COMMENTS: