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## FIDELITY BOND SUBROGATION FILE REFERRAL FORM

Date:

### CLIENT CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

### PRINCIPAL (EMPLOYER)/INSURED INFORMATION:

Name:

Contact:

Company Address:

Phone:

E-Mail:

### CLAIM INFORMATION:

Full and Correct Name of Carrier/Company Paying Claim:

Date of Loss:

Claim No.:

Fidelity Bond No.:

Check One:

Blanket Coverage

Scheduled Coverage

Loss Location:

Total Claim Paid:

Reserves:

Deductible:

### DEFENDANT/EMPLOYEE(S) RESPONSIBLE FOR LOSS:

Name:

Address:

Phone:

**Restitution/Criminal Prosecution Information:**

Description of Loss or Scheme:

Date Loss Began:

Date Loss Detected:

Facts of Loss:

**OTHER DEFENDANT/AT-FAULT PARTIES**

Name:

Address:

Involvement:

Proposed Fee Arrangement:

Special Handling Instructions:

***Disclaimer:*** Sending a file to MWL through this feature, e-mail, fax, regular mail, or by other means, doesn't guarantee our retention, as that determination will be made after MWL's evaluation of the file. Upon MWL's receipt of a new file, clients are contacted via e-mail to confirm the file has been received and that it is in the process of being evaluated for possible handling by MWL. Following said evaluation, clients receive written notification as to whether or not MWL will be willing to handle your file. If you send a file and don't hear from us within an appropriate amount of time, please contact MWL to ensure we received your file.