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INSURANCE COVERAGE FILE REFERRAL FORM

Date: _____

CONTACT INFORMATION:

Name: _____

Company: _____

Company Address: _____

Phone: _____ Fax: _____

E-Mail: _____

CLAIM INFORMATION:

Date of Loss: _____ Claim No.: _____

Insured: _____ Insured's Phone: _____

Insured's Address: _____

Loss Location: _____

County of Loss: _____

Facts of Loss:

Plaintiff: _____

Plaintiff's Attorney: _____

Attorney's Address: _____

Attorney's Phone No.: _____ Attorney's Fax No.: _____

Existing Coverage Issues:

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.