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**\*\*\* Please forward completed forms to [intake@mwl-law.com](mailto:intake@mwl-law.com) \*\*\***

## INSURANCE DEFENSE 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:

**\*\*\* Please forward completed forms to [intake@mw-law.com](mailto:intake@mw-law.com) \*\*\***

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