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*** Please forward completed forms to *intake@mwl-law.com* ***

CONSTRUCTION DEFECT REFERRAL FORM (For Homebuilders Only – Insurers Use Property Referral Form)

Date:

CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

CLAIM INFORMATION:

Nature of Defect:

Describe Other Type of Defect

Full and Correct Name Of Property Owner(s) Making The Initial Construction Defect Complaint:

Property Owner's Address:

Property Owner's Phone No.:

Property Owner's Insurance Carrier:

Property Owner's Attorney and Phone No. (If Applicable):

Dates of Construction (Substantial Completion)/Improvements:

Date Owner Discovered Defect:Date You Were Placed On Notice:Total Claim Paid:Date of Payment:Describe Nature Of Claim Payment (Repair, Rebuild, Loss Of Use, Etc.):

State Where Construction Defect Is Alleged To Have Occurred:Suit Filed? NoYesWhere Was Suit Filed:Detailed Description And Nature Of The Construction Defect:

THIRD PARTIES: SUBCONTRACTORS, SUPPLIERS, ARCHITECTS:

Third Party Name:

Third Party Address:

Work Performed/Discipline:

Written Contract? Yes No

If So, Is It Attached? Yes No

Third Party Name:

Third Party Address:

Work Performed/Discipline:	
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Written Contract?	Yes	No	If So, Is It Attache	d?	Yes	No
Third Party Name:						
Third Party Address	:					
Work Performed/Di	iscipline:					
Written Contract?	Yes	No	If So, Is It Attache	d?	Yes	No
Who Is At Fault And	l Why?					
Describe Investigati	on Perforr	ned:				
Has an unbiased, in	dependen	t analysis/inspection be	en performed?	Yes		No
Name:			Phone:			
Company:						
Opinion:						

Proposed Fee Arrangement:

Special Handling Instructions:

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