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

PROPERTY SUBROGATION – NON-AUTO FILE REFERRAL FORM

Date:

CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

CLAIM INFORMATION:

Full Legal Name of Insurance Company Underwriting Loss or Name of Self-Insured Paying Benefits:

Insured:

Date of Loss:

Claim No.:

Loss Location:

Total Claim Paid (Including Deductible):

Building:

Contents:

Other (Describe):

SIR/Retro/Deductible:

Reserves:

Facts of Accident:

Potential Third Party(s):

Third Party(s) Liability Carrier:

Insured's Attorney:

Suit Filed? No Yes Where Was Suit Filed:

Proposed Fee Arrangement:

Special Handling Instructions:

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