

# WALWORTH & NAYH, P.C.

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**WAGE LOSS & SURVIVORS' BENEFITS CLAIMS REFERRAL**

## CLIENT INFORMATION

Adjuster

Company/City

Direct Phone

Email

## INSURED/CLAIMANT INFORMATION

Name

Telephone and Cell Phone (if available)

Address

Date of Loss

Claim/File No.

Type of Business

Estimate of Injury Period

## ATTORNEY/ACCOUNTANT (IF APPLICABLE)

Name

Company

Telephone

Fax

Address

## BACKGROUND/COMMENTS

*\*PLEASE SEND A COPY OF THE APPLICATION FOR BENEFITS FORM, ALONG WITH ANY FINANCIAL DOCUMENTS IN YOUR FILE (TAX RETURNS, W-2'S, ETC.)*

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