

WALWORTH & NAYH, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

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BUSINESS INCOME, EXTRA EXPENSE AND CONTENTS REFERRAL

CLIENT INFORMATION

Adjuster

Company/City

Direct Phone

Email

CLAIMANT INFORMATION

Claimant/Insured/Contact Name

Telephone and Cell Phone (if available)

Business Name and Address

Type of Business

Loss Type (Fire, Theft, Other)

Claim Type (Business Income, Extra Expense)

Date of Loss

Claim No.

PUBLIC ADJUSTER/ATTORNEY (IF APPLICABLE)

Name

Company

Telephone

Fax

Address

COVERAGE DATA/BACKGROUND/COMMENTS

**PLEASE SEND A COPY OF ANY FINANCIAL DOCUMENTS IN YOUR FILE*

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