

PERSONAL INJURY INFORMATION

Please answer the following questions to the best of your ability:

Your Name: _____

How are you handling this case?

- Directly Through Insurance (3rd Party Claim) – Skip to 3rd party section
 Attorney – Complete the rest of this survey

Attorneys Information:

Attorney Name: _____

Case Manager Name: _____

Phone: _____ Fax: _____ Email: _____

Address _____

3rd Party Section:

3rd Party Insurance Name: _____ Claim ID: _____

Adjuster Name: _____ Adjuster Phone: _____

Adjuster Fax: _____ Adjuster Email: _____

Your Health Insurance Info:

Health Insurance Provider: _____

Specify Type (PPO, HMO, medicare, etc...) _____

Member ID: _____

Your Auto Insurance Info:

Auto Insurance Carrier: _____

Do you Have Uninsured Motorists Coverage?

- Yes – Complete below No -skip to underinsured motorists section
 Uninsured Motorists Policy Limits: _____

Do you Have Uninsured Motorists Coverage?

- Yes – Complete below No – Skip to Med-Pay Section
 Underinsured Motorists Policy Limits: _____

Do you Have Med-Pay Coverage?

- Yes – Complete below No
 Med-Pay Policy Limits: _____

If you are unsure of your automobile insurance coverage please call your automobile insurance company to obtain this information as soon as possible.