

WLLF Use Only

Desk #: _____ Client #: _____ Case #: _____

Please submit any police reports or other evidence which may assist in the collection of your claim with the Request Form

Client Company Contact:	E-Mail:	Fax:
	Phone:	Ext:
Client Address:	Client CLAIM #:	
	WLLF Client #:	

ADVERSE PARTY (Driver in Auto Cases):

L Name:	Insurance Carrier:	Attorney:
F Name:		
Address:	Insurance Carrier Address:	
Birthdate:	Adjuster:	
SSN:	Claim #:	
Phone: Ext	Phone: Ext	
Place of Employment:	Atty. Phone: Ext	

ADVERSE PARTY (Owner in Auto Cases):

L Name:	Insurance Carrier:	Attorney:
F Name:		
Address:	Insurance Carrier Address:	
Birthdate:	Adjuster:	
SSN:	Claim #:	
Phone: Ext	Phone: Ext	
Place of Employment:	Atty. Phone: Ext	

Loss City & State: _____ IDOT: _____ Yes _____ No

Date of Loss (MM/DD/YY)	Statute Date (MM/DD/YY)	INSURED 1:
		INSURED 2:

CaseType: Auto Accident Theft Vandalism Fire Loss Duplicate Pay E & O Ded. Other

CLAIM PAYMENT RECORD & LOSS TYPE

Loss Type	Amount	Loss Type	Amount
Collision - - - - -		Rental - - - - -	
Comprehensive - - - - -		UMBI	UNBI
Med Payments - - - - -		UMPD - - - - -	
Minus Salvage Recovery - - -		Workers Comp - - - - -	
Employee Dishonesty - - - - -		Deductible - - - - -	
Property Damage - - - - -		Other:	

Notes: (If more room is needed, continue on next page.)

Total Amount of Loss: