

The
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Litigation Attorneys

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INTAKE INFORMATION - INSURANCE CLAIM

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE - EMAIL ADDRESS REQUIRED.

I. CLIENT

Date: _____ Date(s) of Loss (DoL): _____

Client(s) Full Name(s) of all Policyholders: _____

Client Social Security (Last Four #s): _____ / TX Driver's License (Last Four #s): _____

Address (Street, City, State, Zip Code): _____

Phone Number(s) & Email Address(s) (Required): _____

Mortgage (Yes or No): _____ Name of Mortgage Company: _____

II. CLAIM

Policy No.: _____ Insurance Company Name: _____

Claim No.(s): _____ Insurance Policy Limits: _____

Date of Denial & Reason: _____

Facts: _____

Initial Adjuster (Name & Contact): _____

2nd Adjuster (Name & Contact): _____

Litigation Adjuster (Name & Contact): _____

Money Offered by Insurance: _____ Money Paid by Insurance: _____

**** PROTECTED AS PRIVILEGED ATTORNEY-CLIENT COMMUNICATION ****

