

Date of Claim: _____ Amt. Mtg: _____
Date of Contract: _____ Amt. Claim: _____
Amt. Offset: _____

Date Confirmed: _____
Date Denied: _____

LeVALLEY, & NAPOLITANO, P.L.
CLIENT INFORMATION FORM

Date _____ SOL runs from _____

(Date of Denial) (Other)

Client Name(s) _____ S.S. _____

_____ S.S. _____

Property Address _____

City _____ County _____ State _____ Zip _____

Subdivision: _____ E-Mail _____

Mailing Address if different from above _____

Telephone: Home _____

Name _____ Work _____ Cell _____ Pager _____

Name _____ Work _____ Cell _____ Pager _____

Date property was purchased _____ New _____ Pre-owned _____

Seller's name: _____

Was a home inspection done at the time of purchase? _____

Was a Seller's Disclosure provided at time of purchase? _____

Homeowner's Insurance Company _____

Telephone _____ Fax _____

Coverage A Limits _____ Coverage B Limits _____

Personal Property, Contents Limits _____ ALE _____

Policy No. _____ Replacement Cost Coverage? _____

Policy Period _____

Claim No. _____ Date of Claim _____

Adjuster: Name _____ Company _____

Address _____

Previous Insurance Company _____

Previous Claim(s) _____ Date of Claim(s) _____

Mortgage Company _____

Address _____

Amount of Payoff _____ Current? _____ Date of Last Payment _____

2nd Mortgage Company _____

Address _____

Amount of Payoff _____ Current? _____ Date of Last Payment _____

Are you involved in a bankruptcy proceeding? _____ Is there a Trust? _____

Is the home in foreclosure? _____ If so, state Court & File No. _____

Describe Damages _____

Status of Claim _____

Were repairs attempted? _____ If so, date work was done _____

Was Grouting conducted? _____ Contractor _____

Describe repairs done _____

Name of Company _____

Do you have dated photographs of damage? _____

Referred by _____

Are you currently represented by another attorney on any matter?

Has either party ever been convicted of a crime? If yes, please provide details:

Date of Claim: _____ Amt. Mtg: _____

Date Confirmed: _____

Date of Contract: _____ Amt. Claim: _____

Date Denied: _____

Amt. Offset: _____

Attorney

notes: _____
