

CLIENT INFORMATION SHEET - Harrity & Associates

Name: P.O. Box 56135, Phila.

Address: PA 19130-6135

Phone No.: (H) _____ (W) _____

S.S. #: _____ Date of Birth: _____ Marital Status: _____

DATE OF ACCIDENT: _____ **DATE STATUTE RUNS:** _____

Plaintiffs Insurance Information

Carrier: _____

Policy No.: _____ Ton: _____ Waiver Signed: Yes No N/A
(circle one)

PIP: _____ UM/UIM Coverage: _____ Stacking: _____
Waiver Signed: Yes No N/A Yes No N/A
(circle one)

Adjuster: _____ Claim No.: _____
Address: _____

Phone: (____) _____, _____

Treating Doctors

Name _____ Address _____ Phone _____

Defendant's Insurance Information

Carrier:

Policy No.: _____ Coverage Amount: _____

Adjuster: _____ Claim No.: _____
Address: _____

Phone: (____) _____