

Submission Form

Please fill out as completely as possible and do one of the following:

1. FAX to (909) 625-6915.
2. SEND to Shernoff Bidart & Darras, Intake Department, 600 S. Indian Hill Blvd., Claremont, CA 91711

You will be contacted by telephone as soon as we receive your submission form.

First name _____ Address _____

Last name _____

Phone _____ City _____

E-mail _____ State/Zip _____

Which insurance company issued your policy? _____

What type of insurance does your matter concern? _____

Who is the policyholder? _____

What is the amount of your claim? _____

CHECK ANY THAT APPLY:

- I have submitted my claim to my insurance company.
- My claim has been denied in writing by the insurance company.
- I have contacted the Department of Insurance.
- A lawsuit regarding my claim has been filed.

If your matter is not insurance related, or if you would like to make additional comments, please do so here (or attach paper if necessary).

How did you hear about our firm? _____



SHERNOFF BIDART DARRAS
LAWYERS FOR INSURANCE POLICYHOLDERS

Submitting this form does not create an attorney-client relationship and is not intended to constitute legal advice or to substitute for obtaining legal advice from a licensed attorney.