

5 Star Legal Funding, LLC
Application for Sale of Personal Injury Claim Proceeds
Telephone: (516) 599-4000
Fax: (516) 599-1722

PLAINTIFF:

Amount Needed: _____

Name: _____

Street Address: _____

City, State & Zip: _____

Date of Birth: _____

Social Security: _____

Home Phone: _____

e-Mail (if any): _____

UM/UIM Insurer Name: _____

Policy #: _____

UM/UIM Policy Limits: _____

PLAINTIFF'S LAWYER:

Attorney Name: _____

Firm Name: _____

Street Address: _____

City, State & Zip: _____

Phone: _____

Fax: _____

e-Mail: _____

CASE:

Case Name: _____

Docket/Index #: _____

County Filed: _____

Date of Accident: _____

Date Suit Filed: _____

Describe Accident: _____

Describe Injuries: _____

Status of Case: _____

Estimated Date of Settlement: _____
Estimated Value of Settlement: _____

DEFENDANT'S INSURANCE COMPANY:

Street Address: _____
City, State & Zip: _____
Name of Adjuster: _____
Phone # of Adjuster: _____
Fax # of Adjuster: _____
Claim #: _____
Policy Limit Amount: _____
Insurance Policy #: _____

OTHER:

- Have you received a previous advance on the case? () Yes () No
If yes, how much? _____
If yes, from what company? _____
- Are there any liens, assignments or other interests in case? () Yes () No
If yes, please describe: _____

DOCUMENTS:

- Copy of Complaint and Answer
- Copy of Insurance Coverage
- Copies of Medical Reports Describing Injuries Sustained
- Copy of Police Report (if any)

Authorization

I/We specifically direct that my attorney representing me in my case cooperate with 5 Star Legal Funding, LLC regarding disclosure of information related to the settlement of my case. I/We certify that all of the information provided above is true and correct.

Name of Person Assigning Interest in Claim Proceeds