



Company:

SUBROGATION DIRECT REFERRAL SHEET

Please fill in all available information

Your Claim #:

Insured's Name:

DOL:

Loss Location:

Total Claim Amount \$:

Deductible Amount Applied \$:

Responsible Party:

Address:

Phone #:

Responsible Party's Carrier:

Is the claim now closed?

May we contact your insured directly if needed?

Description of Loss:

Please email or fax, with the file documents. (The claim number as the subject).

Feel Free to call with any questions. Thank you for the business!

Phone: 1-888-587-4878 x700 Fax: 1-888-717-2551 Email: kzwicker@venturesubro.com

Venture Subrogation Inc Po Box 746 Wendell, NC 27591