

# Submission Form

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

1. FAX to (909) 974-2121
2. SEND to DarrasLaw3257 East Guasti Road, Suite 300, Ontario, California 91761

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).

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How did you hear about our firm? \_\_\_\_\_



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.