BST Insurance Claim Referral Form

Loss Type: No-Fault | Business Interruption | Loss of Use | Employee Dishonesty | Other

Insured: _____

Claimant: _____

Address: _____

Occupation: _____

Claim No: _____

Policy No: _____

Date of Loss: _____

Loss Period: _____

Policy Limits (Monthly): _____

Insurance Company: _____

Adjuster: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Attorney/Public Adjuster: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

BST Valuation & Litigation Advisors, LLC

Telephone: (518) 459-6700 or (800) 724-6700
E-Fax: (888) 456-2049
Email (Charles Amodio): camodio@bstco.com or
Regular Mail: 26 Computer Drive West, Albany, New York 12205

Please enclose NYS Form NF-7, NYS Form NF-2, and copy of policy and declaration page, if available. In addition, please enclose copies of income tax returns and/or other financial records.

BST