

# BST Insurance Claim Referral Form

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

Insured/Claimant:

Occupation:

Claim No:

Policy No:

Date of Loss:

Loss Period:

Policy Limits:

Monthly Policy Limits:

Insurance Company:

Claim Rep/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](mailto: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.*

