## BST & Co. CPAs, LLP Insurance Claim Referral Form

Loss Type:	No-Fault	Business Interruption	Loss of Use	Employee Dishonesty	Other
Insured:					
Claimant:					
Claimant's Ado	dress:				
Claimant's Occ	cupation:				
Claim No:					
Policy No:					
Date of Loss:					
Loss Period:					
Policy Limits (Monthly):					
Insurance Company:					
Claim Rep/Ad	juster:				
Address:					
Phone:					
Fax:					
Email:					
Attorney/Publ Adjuster:	ic				
Contact:					
Address:					
Phone:					
Fax:					
Email:					

BST & Co. CPAs, LLP Telephone: (518) 459-6700 or (800) 724-6700 E-Fax: (518) 514-1469

Email: Steven Caiazza (scaiazza@bstco.com) or Michael Raymond (mraymond@bstco.com)

Regular Mail: 10 British American Boulevard, Latham, New York 12110

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.

