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ATTORNEY QUESTIONNAIRE
COMMERCIAL
Privileged & Confidential

ATTORNEY INFORMATION

Attorney Name: _____ Telephone: _____
Firm: _____ E-mail: _____
Address: _____ Fax: _____
City: _____
State: _____ Zip: _____

Contact Person: _____
Telephone: _____
E-mail: _____

In order for us to make our own independent evaluation we request your firm answer the questions below. In addition, please mail or fax the documents requested on Page 3.

CLIENT INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

Business Description: _____

DESCRIPTION OF CLAIM

Date of Incident: _____
Please describe the events surrounding the claim: _____

LIABILITY

Negligent Party(s)

Name: _____	Name: _____
Address: _____	Address: _____
Insurer: _____	Insurer: _____
Policy Limits: _____	Policy Limits: _____
Attorney Name: _____	Attorney Name: _____
Attorney Phone: _____	Attorney Phone: _____

If insurance is inadequate, does Negligent Party(s) have adequate financial resources to cover payment?

Comments: _____

Has liability been established and/or admitted? __ Yes __ No

(If yes, please explain.) _____

LIENS AND OTHER ENCUMBRANCES

Prior Loans/Advances:	Yes	No	\$ _____
Tax Liens:	Yes	No	\$ _____
Subrogation Claims:	Yes	No	\$ _____
Child Support Liens:	Yes	No	\$ _____
Alimony Liens:	Yes	No	\$ _____
Other (Please Specify):	Yes	No	\$ _____

REQUESTED DOCUMENTS

- Demand Letter
- Response to Demand
- Any Applicable Contracts
- Pertinent Depositions/Pleadings
- Witness/Expert Statements
- Police/Accident Report
- IME Report

PREPARED BY

Print Name: _____ Date: _____

Signature: _____