

Client ID: _____

Commercial Application



13911 Ridgedale Drive, Suite 230
Minnetonka, MN 55305
Office: 952-417-8000
Toll Free: 866-417-8001
Fax: 952-417-0039
Email: info@bridge-funds.com

CLIENT CONTACT INFORMATION

Name: _____	Employer: _____
Home Address: _____	Work Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Work Phone: _____
Home Fax: _____	Work Fax: _____
Cell Phone: _____	E-mail: _____
E-mail: _____	

BUSINESS HISTORY

Legal Name: _____	Tax Identification No.: _____
Date of Incorporation: _____	State of Incorporation: _____
Doing Business As: _____	Type of Business: _____
No. of Years in Business: _____	Public/Private: _____
Current Bankruptcy: Yes No	When Filed: _____
Previous Bankruptcy: Yes No	When Filed: _____

ATTORNEY INFORMATION

Name: _____	Law Firm: _____
Address: _____	Phone: _____
City: _____	Fax: _____
State: _____ Zip: _____	E-mail: _____
Fees: Contingent _____% Hourly: \$ _____	

DESCRIPTION OF CLAIM

Date of Incident: _____

Please describe the events of claim: _____

DAMAGES

Please select appropriate damage categories and indicate monetary damages.

- Property Damage: \$ _____
- Loss of Business Income: \$ _____
- Damage to Reputation: \$ _____
- Breach of Contract: \$ _____
- Other: \$ _____

NEGLIGENT PARTY(S)

(1) Name: _____ Attorney: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
E-mail: _____ E-Mail: _____
Insurance Carrier: _____ Policy No: _____
Claims Rep: _____ Claim No: _____
Suit Filed: __ Yes __ No

(2) Name: _____ Attorney: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
E-mail: _____ E-Mail: _____
Insurance Carrier: _____ Policy No: _____
Claims Rep: _____ Claim No: _____
Suit Filed: __ Yes __ No

Records & Information Release



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Dear Attorney _____:

I/We, the undersigned, hereby request and authorize your firm to cooperate and release to BridgeFunds, LLC any and all information and documents pertaining to my/our current claim or lawsuit, including pleadings, discovery, investigation, contacts, medical records/reports, depositions and all other information not protected by the attorney-client privilege, the work product doctrine or other applicable evidentiary privileged or protections.

I/We request and instruct you to share your candid opinion(s) regarding my/our claim or lawsuit with BridgeFunds, LLC, its representatives and agents.

A copy of this authorization bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you in advance of your cooperation.

FOR INDIVIDUALS

Print Name: _____ Date: _____
Signature: _____ SSN: _____

FOR ENTITIES

Entity Name: _____
By (Print Name): _____ Tax ID No: _____
Signature: _____ Date: _____

Client ID: _____

Client Information Release



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To BridgeFunds, LLC:

BridgeFunds and its representatives are hereby authorized to gather any information about me/us required to complete your due diligence investigation regarding a requested financial transaction by me/us. Such information may include, but is not limited to, financial and credit information, consumer credit reports and any information concerning liens and judgments against me/us.

A copy of this authorization bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you in advance of your cooperation.

Print Name: _____ Date: _____

Signature: _____ SSN: _____

Telephone No: _____ Date of Birth: _____

Address:

City: _____ State: _____ Zip: _____

E-mail: _____