

Client ID: _____



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

Railroad/Maritime Application

CLIENT CONTACT INFORMATION

Name: _____	Employer: _____
Home Address: _____	Work Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Position: _____
Home Fax: _____	Date of Hire: _____
Cell Phone: _____	Monthly Income: \$ _____
E-mail: _____	Monthly Union Benefit While Disabled: \$ _____

PERSONAL CLIENT DATA

Date of Birth: _____	SSN: _____
Marital Status: S M D W	Spouse Name: _____
Child(ren): __ Yes __ No	Age of Child(ren): _____
Child Support: __ Yes __ No	Monthly Child Support: \$ _____
Current Bankruptcy: __ Yes __ No	When Filed: _____
Previous Bankruptcy: __ Yes __ No	When Filed: _____
Criminal Record: __ Yes __ No	Explain: _____

ATTORNEY INFORMATION

Name: _____	Law Firm: _____
Address: _____	Phone: _____
City: _____	Fax: _____
State: _____ Zip: _____	E-mail: _____
Fees: Contingent _____ % Hourly: \$ _____	
Recovery to be deposited in Trust Account: _____	__ Yes __ No

TYPE OF CASE

Railroad

Maritime

CASE DETAILS

Briefly describe the facts of the case. _____

ACCIDENT INFORMATION

Date of Accident/Injury: _____ Time of Accident/Injury: _____ AM/PM
Will you be able to return to work? _____ Unknown Yes No

INJURY INFORMATION

Briefly describe the nature and extent of injuries. _____

MEDICAL INFORMATION

Name of Physician(s): _____ Chiropractic Treatment: Yes No
Are You Currently Treating? Yes No If Yes, (Chiro) are You Still Treating? Yes No
Pre-Existing Conditions: Yes No If Yes, Explain: _____
Previous Injuries: Yes No If Yes, Explain: _____
Future Medical Treatment Expected: Yes No If Yes, Explain: _____
Was an MRI done? Yes No If Yes, Result: _____
Prior FELA Claims: Yes No If Yes, Explain: _____

LIENS AND OTHER ENCUMBRANCES

Child Support Liens: Yes No \$ _____
Alimony Liens: Yes No \$ _____
Tax Liens: Yes No \$ _____
Prior Loans/Advances: Yes No \$ _____
Other (i.e. Medical) _____ \$ _____

SETTLEMENT INFORMATION

Settlement Offer Made: \$ _____ Date of Offer: _____
Estimated Settlement Date: _____

FUNDING REQUEST

Amount Requested per Month: \$ _____

For How Many Months: _____

USE OF FUNDS

Living Expenses: Yes No \$ _____

Personal Debts: Yes No \$ _____

Case Costs: Yes No \$ _____

Other: Yes No \$ _____

OTHER COMMENTS

Please provide any additional information regarding liability, damages and/or collectibility.

PREPARED BY

Print Name: _____ Date: _____

Signature: _____

CONFIDENTIALITY NOTICE: All information provided herein is for underwriting purposes only. All information shall be held in strict confidence and shall not be disclosed to any third party unless so instructed to do so by client, counsel or court order.

Records & Information Release



13911 Ridgedale Drive, Suite 230
Minnetonka, MN 55305
Office: 952-417-8000
Toll Free: 866-417-8001
Fax: 952-417-0039

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.

Print Name: _____ Date: _____

Signature: _____ SSN: _____

Client ID: _____

Client Information Release



13911 Ridgedale Drive, Suite 230
Minnetonka, MN 55305
Office: 952-417-8000
Toll Free: 866-417-8001
Fax: 952-417-0039

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: _____