

SUISSE BANCORP

1000 Jorie Boulevard, Suite 20
Oak Brook, IL 60523

Attorney Name: _____

Law Firm: _____

Attorney Phone: _____ Attorney Fax: _____

PERSONAL AND CONFIDENTIAL

FOR THIS REQUEST TO BE PROCESSED, THE INFORMATION SUBMITTED MUST BE ACCURATE AND COMPLETE.

PLEASE UNDERSTAND THAT THIS INFORMATION IS FOR OUR LOAN EVALUATION PURPOSES ONLY AND WILL NOT BE SHARED WITH THE CLIENT.

Client's Name: _____ Client's DOB: _____ SSN: _____

Client's Address: _____ Phone: _____

PLEASE NOTE THAT WE WILL NOT CONTACT EITHER DEFENDANT OR INSURANCE COMPANY.

Defendant's Name: _____ Defendant's Insurance Carrier: _____

Policy Limits: _____ State Filed: _____ County Filed: _____ Case Caption: _____

Does Client have UIM/UM coverage? Yes _____ No _____ Carrier: _____ Limits? _____

Date of Accident/Incident: _____ What is strength of liability? _____

Describe the case: _____

Describe the Injuries: _____

Medical Treatment: _____

Still Treating? Yes _____ No _____ Medical Expenses: \$ _____ Lost Wages: _____

Has client filed previous claims or lawsuits? Yes _____ No _____ If yes, same injuries as this claim? Yes _____ No _____

Any loans on this claim? No _____ Yes _____ Loan Company: _____ Amount: _____

LOAN/SETTLEMENT INFORMATION

Amount of loan requested: _____ Loan Amount Recommended: _____

Probable settlement range: _____ Probable verdict range: _____

Plaintiff's most recent demand: _____ Defendant's most recent offer: _____

Estimated settlement date: _____ Current status of claim: _____

Defense attorney/firm: _____

Assignments of, and liens upon, proceeds of the case (i.e. Advances, medical liens, other liens, etc.) (Attach page if necessary)

| NAME OF ASSIGNEE/LIEN CLAIMANT | AMOUNT | PURPOSE |
|--------------------------------|--------|---------|
| | | |
| | | |
| | | |

OPTIONAL EVALUATION DOCUMENTS

Police Report Medical Report (if soft tissue injury) Attorney/Client Agreement Insurance Company Acknowledgement

PLEASE FAX BACK TO SUISSE BANCORP AT 630-571-5255