



HARD FACTS™

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HARD FACTS REFERRAL SHEET

FAX REQUEST TO: (732) 409-6595

DATE:

HARD FACTS FILE#

ASSIGNED BY:

E-MAIL ADDRESS:

**COMPANY:
ADDRESS:**

TELEPHONE #

FAX #

CLAIM #

DATE OF LOSS:

VEHICLE YEAR/MAKE/MODEL:

LOCATION:

VIN#:

STOCK#

INSURED:

PHONE:

DESCRIPTION OF LOSS/JOB & REQUIREMENTS: