

Allan Funding Pre-Settlement Funding Application

Case Information

Case Name	Claim Type
Estimate Date of Settlement	\$ _____
Date of Loss/Incident	Estimated Settlement Range
Date Suit Filed	\$ _____
Insurance Company	Offer Amount <i>(if applicable)</i>
Policy #	Trial Date <i>(if applicable)</i>
	Policy Limits: Per Person/Per Accident
	Claim #
Primary Injuries/Surgeries	

Lien Information

1. Are there any Medical Liens or Letters of Protection on the case? Yes ☐ No ☐
 - a. If yes, please provide the Lien Amount: _____
 - b. If lien amount is unknown, please provide an estimated amount: _____
2. Are there any Child Support liens? Yes ☐ No ☐ Amount: _____
3. Please state the type and amount of any other existing or anticipated liens: _____
4. Please list the funding company's name for other Cash Advances *(if any)* : _____

Settled Case Information *(If applies)*

Date Settled _____ When do you expect to receive funds? _____

Net proceeds to client: \$ _____

What are the funds being used for? _____

Will funds be disbursed through your office? Yes ☐ No ☐

*PLEASE NOTE: Allan Funding's receipt or acceptance of a submitted application is not a commitment to enter into a pre-settlement funding transaction, the decision for which shall be made is the sole and absolute discretion of Allan Funding and shall be subject to execution of definitive transactional documentation. By submitting this application to Allan Funding you are acknowledging that, in the event Allan Funding decides not to fund the transaction, the person requesting funding has given you authority to authorize Allan Funding, and you hereby authorize Allan Funding, to seek funding for this transaction with third party funders, including sending the information submitted to Allan Funding to said funders. If you do not have such authorization and still wish to submit the transaction for consideration, please check this box ☐.

*****PLEASE SEND THE FOLLOWING REQUIRED DOCUMENTS*****

(If you do not have the documents listed below, please contact Allan Funding to discuss other options)

1. Medical Reports *(ER Records, MRI, Surgery Reports)*
2. Liability Support *(Police, Incident, or Expert Report; ER Record of Incident; Constructive Notice; Witness Statement; Photos)*
3. Enter Insurance Policy Limits on Page 1 of application
4. Copy of Complaint *(if filed)*
5. If Settled, only provide Settlement Agreement with completed Application

Attorney Information *(Please review and complete for accuracy)*

Plaintiff's Counsel		Firm Name
Street Address		City, State & Zip Code
Phone Number	Fax Number	Email Address
Paralegal/Assistant Name		Paralegal/Assistant Email Address
Attorney's Signature		Date

Claimant Information *(Please review and complete for accuracy)*

Claimant Name		Alias <i>(if any)</i>	
Street Address		City, State & Zip Code	
Phone Number	Cell Number	Date of Birth	Social Security Number

Amount of Advance Requested: \$ _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Gender: Male ☐ Female ☐

of Children/Dependents *(if any)*: _____

Claimant's Signature	Date
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