Ferraro, Amodio & Zarecki, CPAs
Forensic Accountants & Financial Advisors
Referral Form

Loss Type: No-Fault | Business Interruption | Loss of Use | Employee Dishonesty | Other

Insured: _____

Claimant: _____

Claimant's Address: _____

Claimant's Occupation: _____

Claim No: _____

Policy No: _____

Date of Loss: _____

Loss Period: _____

Policy Limits (Monthly): _____

Insurance Company: _____

Claim Rep/Adjuster: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Attorney/Public Adjuster: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact: **Charles Amodio at (518) 288-2142 / camodio@fazcpas.com**
Jennifer Isaacs at (518) 288-2132 / jisaacs@fazcpas.com
E-Fax: **(888) 456-2049**
Regular Mail: 18 Division Street, Suite 413, Saratoga Springs, NY 12866

Please enclose NYS Form NF-7, NYS Form NF-2, and copy of policy and declaration page, if available. In addition, please enclose copies of income tax returns and/or other financial records.