

Law Firm Registration Form

Registration is required in order to obtain access to the Trust's Online Claims submission and reporting tools, and will also serve to expedite issuance of payments when funds are disbursed.

Send the completed form via mail, email or fax as indicated below.

Mail: Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540

Fax: (609) 466-1449

Email: support@verusllc.com

Name of Trust

Please write the name of the trust with which your firm would like to register or check box for all current and future trusts: ☐

Law Firm Name and Address

Law Firm Name

Street Address Line 1

Street Address Line 2

City

State

Zip+4

Main Telephone

Main Fax

Employer Identification Number

Primary Attorney Contact

Last Name

First Name

Middle Name

Suffix

Direct Dial

Fax

Email Address

Primary Administrative Contact

Last Name

First Name

Middle Name

Suffix

Direct Dial

Fax

Email Address