



Attorney Reference Form

This page should be filled out by the ATTORNEY applying for membership with TIDA.

References are any individual employed by trucking or truck insurance companies for which you are currently handling cases in trucking defense work within the past year. Each reference MUST be from a different company.

Your Industry Reference Full Name: _____

Your Industry Reference Company Name: _____

Your Industry Reference City and State: _____

Your Industry Reference Email: _____

Your Industry Reference Phone Number: _____

1. Types of trucking cases you are handling for this reference listed above:

Trucking Liability

Cargo

Trucking Coverage

Trucking Worker's Compensation

Other (please specify): _____

2. Number of active trucking cases with this reference: _____

3. Number of closed trucking cases handled in the past 24 months with this reference: _____

4. What percentage of your overall practice is generated for this reference (in percent %)? _____

Attorney Reference Form Page 2 of 2

This page should be completed and signed by your reference listed on page one.

1. How many years have you handled cases with this attorney? _____
2. On average, how many cases per year do you send to this attorney? _____
3. Of those OPEN cases, please list the number by each case type:
#____Trucking Cases #____Cargo Cases

#____Coverage Cases #____Worker's Compensation
4. How would you characterize the way in which this attorney handles your cases?

5. Would you use this attorney again? Yes No
6. Would you recommend this attorney for membership in TIDA? Yes No

Reference Signature:

Date:
