

Porter Hayden Company Bodily Injury Trust Law Firm Registration Form

Please complete this form to register your law firm with the Porter Hayden Company Bodily Injury Trust. 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. If your firm will require more than one user account to access the online tools, please provide the name and email address for each user requiring an account.

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

Mail: Porter Hayden Bodily Injury Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 085440

Email: support@verusllc.com

Fax: (609) 466-1449

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		

User Accounts (Complete one line for each user requiring access; add additional pages if required)			
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address
Last Name	First Name	Middle Name	Email Address