



## LEGAL DOCUMENT TRANSMITTAL

DOCUMENT TYPE: \_\_\_\_\_

**1. WHEN**

- Date received at subscriber \_\_\_\_\_ Time \_\_\_\_\_
- Who received/signed for document \_\_\_\_\_
- Title \_\_\_\_\_

**2. HOW (Check appropriate box)**

- Regular Mail
- Registered Mail
- Certified Mail
- Personal Delivery by adult
- Other (Explain)

\_\_\_\_\_  
\_\_\_\_\_

**3. ORIGINAL ENVELOPE ATTACHED:**  YES  NO

**4. QUESTIONNAIRE COMPLETED BY:**

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Date: \_\_\_\_\_

NOTE: Please submit to [CLAIMS@wrightinsurance.com](mailto:CLAIMS@wrightinsurance.com) or FAX: (516) 222-5392