

## Porter Hayden Bodily Injury Trust Law Firm Registration Form

Please complete this form to register your law firm with the Porter Hayden 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  
57 Hamilton Avenue, Suite 208  
Hopewell, NJ 08525

Email: [support@verusllc.com](mailto:support@verusllc.com)

Fax: (609) 466-1449

<b>Law Firm Name and Address</b>			
Law Firm Name			
Street Address Line 1			
Street Address Line 2			
City		State	Zip+4
Main Telephone	Main Fax	Employer Identification Number	
<b>Primary Attorney Contact</b>			
Last Name	First Name	Middle Name	Suffix
Direct Dial	Fax	Email Address	
<b>Primary Administrative Contact</b>			
Last Name	First Name	Middle Name	Suffix
Direct Dial	Fax	Email Address	