



TABCO LLC

Phone: 678-632-2886
Email: tab@tabrc.com

Today's Date: _____

Attorney Rental Referral Form

PLEASE CHECK ALL THAT APPLIES

- 1. The renter signed a retainer with _____ Law Firm.
- 2. The renter has a valid, unexpired and unrestricted driver's license (need copy).
- 3. The renter is a convicted felon.
- 4. The renter was arrested and/or convicted of a DUI in the last 5 years.
- 5. The renter is a policyholder or a driver under a current insurance policy (need copy).
- 6. The renter resides in Metro Atlanta and will be using the rental vehicle for personal use only.

Renter Information

Renter's Name: _____	Insurance Co. _____	Renter's Insurance Co. _____
Phone Number: _____	Policy Number: _____	
Loss Vehicle: _____ <small>Year/Make/Model</small>	U/M Coverage: _____	Yes or No _____
Date of Loss: _____	Employer: _____	

Case Info

Option 1 / Assignment :

The PD claim is open / pending.
Rental fees billed against the liability carrier's PD coverage.

Option 2 / Lien :

The PD claim is closed.
Rental fees billed against the BI settlement as Attorney Lien.

Liability Carrier: _____	Rental Rate _____	Rental Cars start at \$124/Week + Tax (2 Week minimum and 0% interest for 12Months)
Claim Number _____	Weeks Requested _____	
Liability Status <u>Accepted</u> <u>Pending</u>	Max Debt Allowed _____	
PD Adjuster Name _____	BI Limits _____	
PD Adj Email/Tel _____	Settlement Date _____	

Rental Instructions

Vehicle Pickup Location
11205 Alpharetta Hwy
Ste H4
Roswell, GA 30076

Hours of Operation
By Appointment Only
M-F 10AM to 4PM

Documentation Needed
1- Driver's License
2- Proof of Insurance