



Sigma Funding, LLC
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SIGMA FUNDING, LLC APPLICATION FOR ADVANCE FUNDING OF PERSONAL INJURY CLAIM			
APPLICANT INFORMATION			
Name:		Date:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Cell#	Work#	Email:	
Insurance Company:			
Policy#:	Policy Limits:	DL#:	
Please select one: ___Auto Accident ___General Tort Claim ___Worker's Comp			
ATTORNEY INFORMATION			
My Attorney:		Legal Assistant:	
Address:		Firm:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
INSURANCE CO FOR AT FAULT DRIVER			
Name of Insurance Co:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Claim#	Policy Limit Amount:		
CASE INFORMATION			
Date of Accident:			
Lawsuit Filed, if so, county:		Date Lawsuit Filed:	
Other Person Ticketed:		If so, reason for ticket:	
Details of the case, and how did accident happen:			
Extent of Injuries (Physical/Financial):			
Cost of Medical Treatment to Date:		Lost Wages to Date:	
Any prior injuries:		If yes, area of prior injuries:	
Any pre-existing conditions:			
PRIOR ADVANCES			
Company:	Date:	\$ Funded:	\$ Owed:
ESTIMATED DATE OF SETTLEMENT:		AMOUNT OF ADVANCE REQUEST \$_____	

I, _____, understand that the information contained herein is being relied upon by Sigma Funding, LLC in the analysis of the requested advance funding on my personal injury claim. I hereby agree and certify that the foregoing information is accurate and is incorporated by reference into the lien purchase agreement and related documents.