



Assignment Request

Time: Date: Your Email:

Rush Assigned By:

Company Name:
Address:

City: State: Zip:
Phone: Fax: Contact:
Your Claim Number:
Defense Attorney: Phone:
Law Firm:

Insured/Employer:
Contact:
Address:
City: State: Zip:
Phone:

Claimant:
Address:
City: State: Zip:
Phone:
Claimant Attorney: Phone:

General Liability Auto Liability Property Marine Task Cargo
Vehicle Appraisal Heavy Equipment

Services

Recorded Statement: Claimant Witness Other
Obtain photos of: Police Report Fire Report Diagram
Scene Investigation Accident History Damage Appraisal

Description of Accident:
Accident Location:
Special Instructions