



New Assignment Form

Your Name: _____ Your Company: _____

Insurance Company: _____

If new client: Mailing Address: _____

Office Phone Number: _____ Fax Number: _____

Email: _____

Insured Name: _____

Insured Address: _____

Insured Phone Number: _____ Please Circle: home office cell

Date of Loss: _____

Loss Site Address: _____

Loss Site Contact: _____

Loss Site Contact Phone Number: _____ Please Circle: home office cell

Claimant Name: _____

Claimant Address: _____

Policy Number: _____ Claim Number: _____

Client File Number: _____ Civil Action Number: _____

Please Circle Loss Type:

<i>Personal Injury – Air Quality</i>	<i>Personal Injury - Burn</i>
<i>Personal Injury - Impact</i>	<i>Personal Injury - Shock</i>
<i>Property – Fire/Heat/Smoke/Soot Damage</i>	<i>Property – Oil/Chemical Spill</i>
<i>Property – Surge Damage</i>	<i>Property – Water/Mold/Mildew Damage</i>

Please Circle Scope of Work:

<i>Accident Re-Construction</i>	<i>Damage Assessment</i>
<i>Failure Analysis</i>	<i>Origin & Cause</i>

Specific Instructions: _____

Please Fax To Us At 781-297-7050