

ASSIGNMENT SHEET

(Complete, print and FAX to us at 860-224-4841)
All assignments will be confirmed prior to work being initiated.

DATE AND TIME OF ASSIGNMENT:

CLIENT NAME AND COMPANY:

CLIENT ADDRESS:

CLIENT PHONE:

FILE OR CLAIM NUMBER:

DATE AND TIME OF THE FIRE:

LOCATION OF THE FIRE:

FACTS OF THE LOSS:

INJURIES:

PROPERTY OWNER OR CONTACT PERSON:

PROPERTY OWNER OR CONTACT PERSON'S PHONE:

AUTHORITIES INVOLVED:

INSURANCE COVERAGES:

VEHICLE INFORMATION

YEAR: MAKE: MODEL: COLOR:

REGISTRATION: VIN:

CURRENT LOCATION:

SPECIAL INSTRUCTIONS: