Assignment Sheet

Adjuster/Customer Information (Main File Contact)

Name:	
Company:	
Branch:	
Phone Number:	
Email:	

General Information

File Number:	
Date of Loss:	
Deductible:	$
Contents ACV Limit:	$
Insurance Company:	
Nature of File/Claim:	

Insured Information

Insured Name:	
Additional Contact:	
Phone Number:	
Email:	
Additional Contact Phone Number:	
Street Address:	
City:	
Postal Code:	
Province:	

ACV Policy Limits

Automotive:	$
Cash:	$
Boats/Equipment:	$
Bicycles:	$
Coins:	$
Trading Cards:	$
Pets:	$
Gold/Silver Boullion	$
Jewellery:	$
Handbags:	$
Business Equipment:	$

Outdoor Equipment:	$
Other:	$

Send Reports to Insured Directly (Yes/No):	
Send Reports Directly to the Sender for Review & Sender will Forward Reports to the Necessary Contact (Yes/No):	
Contact Permited with Insured (Yes/No):	

Special Notes:	