

James C. Greene Company

Assignment Notification

James C. Greene
COMPANY
Insurance Adjusters • All Lines

Assignor's Name _____

Report to (if other than above) _____

Company/Carrier Assigning _____

Address: _____

Phone Number _____ Fax Number _____ Adjuster's email _____

Claim Number _____

Type of assignment

- Appraisal Only
- Limited Handling
- Full Handling

Date of Loss _____

Type of Loss

- | | |
|---|--|
| <input type="checkbox"/> Homeowner/Dwelling | <input type="checkbox"/> Cargo |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Truck/Heavy Equipment |
| <input type="checkbox"/> Auto/Light Truck ph.d. | <input type="checkbox"/> Vehicular Liability |
| <input type="checkbox"/> Commercial Casualty | <input type="checkbox"/> Misc. Liability |
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Other: _____ |

Insured's Name & Address _____

Daytime Phone# _____ Evening Phone# _____

Policy Number _____ Effective Dates _____

Prop. Locus (if other than policy address) _____

Contact Party/Phone# for Secondary Location _____

Coverage amts. _____

Deductible _____

Applicable Forms _____

Mortgage/Lien info. _____

Claimant's Name & Address _____

Daytime Phone# _____ Evening Phone# _____

Description of Loss _____

Ins'd Veh. _____

Claimant Veh./Desc. _____