

ASSIGNMENT FORM

Johnson, Cambra & Sherwood, Inc.

Please fax the completed form to the Johnson, Cambra & Sherwood, Inc. office nearest you. We will usually contact you within one business day.

Fax Numbers: Cincinnati: 513-530-2460 * Cleveland: 440-846-9234 * Indianapolis: 317-733-3502

Claim Information:

Insured or Claimant: _____

Date of Loss: _____

Loss Location: _____

Date Repairs Completed: _____

Claim, Policy or File No.: _____

Amount(s) Claimed: _____

Event Giving Rise to Claim: _____

Service Requested of JC&S: _____

Contact Person & Telephone Number at Insured's, Claimant's, Plaintiff's or Defendant's office:

Coverage Considerations:

Coinsurance: _____

Extended Period of Indemnity (# of days): _____

Deductible: _____

Client Contact Information:

Adjuster or Attorney Name: _____

Adjuster or Attorney Phone & Fax Nos.: _____

Email Address: _____

Company Name: _____

Billing Address: _____

Miscellaneous Information & Comments: _____
