

Impact General, Inc.
ASSIGNMENT REQUEST FORM

Client Information:

Name:	Firm:
Phone:	Street:
Fax:	Suite/Floor:
e-mail:	City and Zip:

File Information

Insured or Case Title:	Claimant(s):
Claim/File Number:	Date of Loss:

Evidence Information

Product: (type)	Location Name:
Year/Mfg.:	Street:
Make/Model #:	City, State, Zip:
Serial #:	Contact:
	Phone:

Property/Site Location

Name:	Contact:
Street:	Phone:
City, State, Zip:	

Assignment (provide a detailed description of loss and analysis required)

Special Requests

Time constraints:
Cost constraints:
Other:

Click the Submit button if you have Acrobat Professional. If you do not have Acrobat Professional, print the Generic Request form and fax to (714) 532-5734.