

**IMPACT GENERAL, INC.**

1405 East Chapman Avenue  
Orange, CA 92866  
(800) 688-1628  
[www.impactgeneral.com](http://www.impactgeneral.com)

Send to: [assignments@impactgeneral.com](mailto:assignments@impactgeneral.com)

**PROPERTY LOSS & PRODUCT/EQUIPMENT FAILURE ANALYSES**

**Request for Analysis**

**Commercial & Residential Property Failures, Machinery, Appliances, Structural, Civil, Soils, Plumbing, Construction, Environmental, Electrical, Fire Origin & Cause, Industrial and Heavy Equipment**

**Insured:** \_\_\_\_\_ **Claimant:** \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Date & Time of Loss: \_\_\_\_\_  
Examiner: Mr.  Ms.  \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Please address report and invoice to: Mr.  Ms.  \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Shipping Address (if different from above): \_\_\_\_\_

**Product:**  N/A

Product: (type) \_\_\_\_\_ Make: \_\_\_\_\_ Model & Model No.: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**DOCUMENTS SUBMITTED:**

Photographs     Statement(s)     Owner's Manual     Repair/Service Records     Receipts  
 Other: \_\_\_\_\_

Phase I (pick up evidence and documentation only)     N/A  
 Phase II (complete analysis requested)     N/A  
Failed Product being shipped to Impact General?    Yes     No

**Loss/Site Location:**

Commercial Site

Residential Site

Location Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assignment:**

**Provide a detailed description of loss:** \_\_\_\_\_  
**Analysis requested:** \_\_\_\_\_

**Special Requests:**

Time and/or Cost constraints: \_\_\_\_\_  
Other: \_\_\_\_\_