# **FINANCIAL CLAIMS, INC.**

#### ***ASSIGNMENT INFORMATION SHEET***

# **Your Company:****Date:**

**Your Company Address:**

**Your Name:****Phone:****Fax:**

**CHECK ONE:** **☐ Auto** **☐ Homeowners** **☐Other:**

**CHECK ONE:** **☐ 1ST Placement** **☐ 2nd Placement☐ Litigation** **☐ ARB** **☐ Other:**

# **Driver:** **Owner:**

**Address:**

**Address:**

**City:** **State:** **Zip:**

**\*\*Is the above address a mail return?** **☐ Yes** **☐ No**

**POE:** **Work #:** **Home#:**

**Were there injuries? ☐ Yes ☐ No Meds & UM—Still Open? ☐ Yes ☐ No**

##### **Is there a police report?** **☐ Yes** **☐ No Please forward copy with proof.**

**Theory of Liability:**

**\*\*\*\*IMPORTANT: WHEN DO THE STATUTES RUN? BI:** **PD:**

**HAS YOUR COMPANY ALREADY OBTAINED JUDGMENT?** **☐ YES** **☐ NO**

### **Please include a copy of the entered Judgment for our records.**

## **Principal Amount: $****Deductible: $****Total: $**

## **Insured:** **Date of Loss:**

**Policy #:** **Claim #:**

## **EMAIL TO:** newclaims197812@financialclaims.net **FAX: (425) 821-3106 PHONE: 1 (800) 258-4370**