

# FINANCIAL CLAIMS, INC.

## ASSIGNMENT INFORMATION SHEET

Your Company:            Date:

Your Company Address:

Your Name:            Phone:            Fax:

CHECK ONE:  Auto         Homeowners         Other:

CHECK ONE:  1<sup>ST</sup> Placement     2<sup>nd</sup> 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](mailto:newclaims197812@financialclaims.net)

FAX: (425) 821-3106

PHONE: 1 (800) 258-4370