DBA

ASSIGNMENT FORM

Please download and e-mail along with any attachments to Joanne@danboozeradjustment.com

Adjuster Name*

Adjuster Phone Number*

Claim Number

Insured / Employer

Insured / Employer Phone Number

Insured / Employer Address

Claimant / Employee Name

Claimant / Employee Address

Claimant / Employee Work Phone Number

Claimant / Employee Personal Phone Number

Type of Loss

Loss Location

Date of Loss

TYPE OF ASSIGNMENT

WORKERS COMPENSATION	☐	AUTO LIABILITY	☐	SOCIAL MEDIA	☐
GENERAL LIABILITY	☐	SKIP TRACE	☐	OTHER	☐

IF SKIP TRACE / SOCIAL MEDIA

PLEASE PROVIDE FULL NAME

DATE OF BIRTH

LAST KNOWN ADDRESS

ADDITIONAL REQUESTS

☐ FULL ASSIGNMENT	☐ BRIEF MEMO	☐ CLAIMANT STATEMENT	☐ WITNESS STATEMENT
☐ LIMITED ASSIGNMENT	☐ CAPTION REPORT	☐ SUPERVISOR STATEMENT	☐ MEDICAL RECORDS
	☐ NO REPORT		
☐ PERSONNEL RECORDS	☐ POLICE REPORTS	☐ SCENE PHOTOS	☐ INJURY PHOTOS
	☐ SOCIAL MEDIA	☐ CLAIMANT PHOTOS	☐ OTHER (PLEASE EXPLAIN)

SPECIAL INSTRUCTIONS / REQUESTS**