

Email or Fax completed assignment sheet and inventory lists to claims@claimplusonline.com or 817-514-0133

Adjuster Information			
Company Name		Date	
Adjuster First and Last Name			
Address		City	State
Phone	Extension	Fax	
Email		Other Contact Info.	

Check all that applies			
Claim Valuation <input type="checkbox"/>	Onsite Inventory Valuation <input type="checkbox"/>	Fulfillment <input type="checkbox"/>	Preferred Onsite Date

Policyholder and Claim Information			
Claim Number		DOL	
Policyholder Name			
Address		City	State
Home Phone		Work Phone	
Fax/Email Address		Deductible Amount	
Please Indicate Sales Tax percent to apply		Please specify total contents limit	
Policy Coverage? Please Select:		Other limits - Please list below if applicable	
RC <input type="checkbox"/> ACV <input type="checkbox"/> MV <input type="checkbox"/> Other <input type="checkbox"/> (see comments)			
Number of Inventory pages attached:			
Comments			