

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

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

Service Request			
Claim Valuation	Onsite Dispatch & Valuation	Onsite Only	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: RC ACV MV MVRES Other (See Comments)		Other limits - Please list below if applicable	
Number of Inventory pages attached:			
Comments			