

## ACKNOWLEDGMENT OF ASSIGNMENT AND PRELIMINARY REPORT

(This Report to be Mailed Immediately After First Inspection)

TO: \_\_\_\_\_

ADJUSTER'S FILE NUMBER \_\_\_\_\_

\_\_\_\_\_  
DATE

INSURED: \_\_\_\_\_

LOCATION: \_\_\_\_\_

AGENCY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ TERM: \_\_\_\_\_ YEARS: \_\_\_\_\_

ASSIGNMENT RECEIVED FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE INSURED CONTACTED: \_\_\_\_\_

DATE PROPERTY INSPECTED: \_\_\_\_\_

TOTAL INSURANCE: \$ \_\_\_\_\_ ESTIMATED LOSS: \$ \_\_\_\_\_

(If more than one Company, place Schedule of Insurance on reverse side)

PROPERTY OR ITEM(S) INVOLVED: \_\_\_\_\_

(If more than one item, give estimate on each)

DATE OF LOSS: \_\_\_\_\_ HOUR OF LOSS: \_\_\_\_\_

TYPE OF LOSS (Fire, Windstorm, Inland Marine, etc.): \_\_\_\_\_

PROBABLE ORIGIN: \_\_\_\_\_

\_\_\_\_\_  
ADJUSTER