

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