



New Claim Assignment

We provide valuable insurance and risk management services to insurance companies, self-insured corporations, claim adjusting firms and governmental entities

About us solutions Careers contact us

> Client information

Company:
Address:
City, State, & Zip:
Adjuster Name:
Adjuster Email:
Phone:
Extension:
Fax:

> Insured information

Insured:
Address:
City, State, & Zip:
Phone:
Phone:
Phone:

> Claimant information

Claim:
Address:
City, State, & Zip:
Phone:
Phone:
Phone:

> Coverage information

Claim N°:
Policy N°:
Type of Policy:
Effective date:
Coverage amounts:
A:
B:
C:
D:
Deductible:
Lien Holder:

> Loss information

Loss Date:
Loss Location:
Description of Loss:
Special instruction:

Full Adjustment:
Agreed Appraisal:
Attach file:
Attach file:
Attach file:

SUBMIT REPORT



TEXAS
Houston
P.O. Box 802724
Aventura, FL 33280



FLORIDA
Ft.Lauder Dale
P.O. Box 802724
Aventura, FL 33280

Contact us

Our Firm's approach to servicing our clients is to understand and address the needs of each individual client. We will accommodate our model to your special needs.