

# ASSIGNMENT FORM

(For NFC use only.)

**Assigned to:** \_\_\_\_\_

**Date Rec'd:** \_\_\_\_\_ **Rec'd By:** \_\_\_\_\_

**Send Report to:** \_\_\_\_\_

**Inspection by:**     /     /     **Report by:**     /     /

**Number of Reports Requested:** \_\_\_\_\_

**Send Invoice to:** \_\_\_\_\_

**Fee Limit:** \_\_\_\_\_ **Retainer:** \_\_\_\_\_

**Your File:** \_\_\_\_\_ **D/O/L:** \_\_\_\_\_

**Caption:** \_\_\_\_\_

**Describe Loss:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services Required:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check and send the following material, if available:**

- |   |   |
|---|---|
| <input type="checkbox"/> Loss Report      | <input type="checkbox"/> Depositions    |
| <input type="checkbox"/> Police Report    | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Adjuster's Notes | <input type="checkbox"/> Plans/Prints   |
| <input type="checkbox"/> Photographs      | <input type="checkbox"/> Videotapes     |
| <input type="checkbox"/> Statements       | <input type="checkbox"/> Other: _____   |

CHOOSE 1: \_\_\_ Insurance Company \_\_\_ Law Firm \_\_\_ Ind. Adj.  
 \_\_\_ Self-Insured \_\_\_ Bonding Company \_\_\_ Other

**Your Firm:**

**Name:**  Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

CHOOSE 1: \_\_\_ Insurance Company \_\_\_ Client's Counsel  
 \_\_\_ Ind. Adj. \_\_\_ Principal

**Firm:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**File No.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

CHOOSE 1: \_\_\_ Insured \_\_\_ Defendant  
 \_\_\_ Plaintiff \_\_\_ Obligee

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ (O) \_\_\_\_\_ (H)

CHOOSE 1: \_\_\_ Claimant \_\_\_ Plaintiff

**Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Loss Location:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_

**If you have any questions regarding the completion of this form, please contact one of the following:**

**National Forensic Consultants, Inc.**  
 717-H Fellowship Road  
 Mount Laurel, NJ 08065  
 856-793-0574  
 FAX: 856-793-0575

**National Forensic Consultants, Inc.**  
 190 W. Germantown Pike, Suite 160  
 Norristown, PA 19401  
 610-278-7620  
 FAX: 610-278-7625

**Please fax this form to 800-391-6275.**