

**ASSIGNMENT INFORMATION FORM**

TYPE OF LOSS: \_\_\_\_\_

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

LOCATION OF LOSS: \_\_\_\_\_

INSURED'S/CLIENT'S NAME: \_\_\_\_\_

CLAIM/FILE NO.: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_

CLIENT CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PURPOSE OF INVESTIGATION: \_\_\_\_\_

EXAMINATION – TYPE AND LOCATION: \_\_\_\_\_

COMMENTS, SPECIAL INSTRUCTIONS: \_\_\_\_\_

TYPE OF REPORT REQUESTED: \_\_\_\_\_

*KEI OFFICE USE*

KEI FILE NO: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_

ENGINEER/EXPERT: \_\_\_\_\_ KEI CLIENT CODE: \_\_\_\_\_

EVIDENCE STORAGE: YES NO DESCRIPTION: \_\_\_\_\_

REPORTING: \_\_\_\_\_ INVOICING: \_\_\_\_\_