



Mail completed form to: **Reboul & Henderson**
7160 Chagrin Road #175
Chagrin Falls, OH 44023
Fax completed form to: **888.548.0850**
Call with any questions: **800.648.4567**

New Loss Assignment Form

ASSIGNMENT DATE: _____

CLIENT NAME

Name _____
Company _____
Address (if new) _____

City _____ State _____ Zip _____
Phone (Work) _____ Phone (Cell) _____
Email _____ Fax _____

LOSS CONTACT INFORMATION

Loss Contact _____
Job Title / Position _____
Telephone _____
Address _____

COVERAGE

Limit: \$ _____
Waiting Period _____ Hours _____ Days _____
Extended Period of Indemnity: _____ Days _____
Co-Insurance: _____ Contribution %
Other _____
(Blanket, Deductibles, Replacement Costs, Ordinary Payroll,
Extra Expense Endorsement)

LOSS INFORMATION

Type of Claim _____
(3rd Party, Fire, Subrogation, Litigation)

Date Loss Period Ends (if determined at this time) _____
Scope _____
Additional Comments _____

FILE IDENTIFICATION

Insured _____
D/B/A: _____
Claimant: _____
Location: City _____
State _____
Email _____
File No: _____
Policy No: _____
Date of Loss: _____