

SUBROGATION CLAIMS, INC.

ASSIGNMENT INFORMATION SHEET

Your Company: Date:

Your Company Address:

Your Name: Phone: Fax:

CHECK ONE: Auto Homeowners Other:

CHECK ONE: 1ST Placement 2nd Placement Litigation ARB Other:

Driver: Owner:

Address:

Address:

City: State: Zip:

**Is the above address a mail return? Yes No

POE: Work #: Home#:

Were there injuries? Yes No Meds & UM—Still Open? Yes No

Is there a police report? Yes No Please forward copy with proof.

Theory of Liability:

****IMPORTANT: WHEN DO THE STATUTES RUN? BI: PD:

HAS YOUR COMPANY ALREADY OBTAINED JUDGMENT? YES NO

Please include a copy of the entered Judgment for our records.

Principal Amount: \$ Deductible: \$ Total: \$

Insured: Date of Loss:

Policy #: Claim #:

EMAIL TO: newbusiness432@subrogationclaims.com

FAX: 1-888-837-4179

PHONE: 1-877-749-6796