



260 W. ARROW HWY, SUITE E  
 SAN DIMAS, CA 91773  
 (909) 599-3111 - OFFICE  
 (909) 599-3133 - FAX  
 ADMIN@THORNTONPI.COM

DATE: \_\_\_\_\_

FILE NO: \_\_\_\_\_

CLAIM NO: \_\_\_\_\_

## ASSIGNMENT FORM

### INVESTIGATION ASSIGNMENT

SUBROSA _____	SUBROGATION _____	OTHER _____
AOE/COE _____	LIABILITY _____	DATE OF LOSS: _____
ACTIVITY CHECK _____	BACKGROUND _____	NUMBER OF DAYS: _____

### CLIENT

COMPANY: \_\_\_\_\_ NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 INSURED: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### CLAIMANT/PLAINTIFF

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SOCIAL SECURITY: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PHYSICAL DESCRIPTION: \_\_\_\_\_  
 VEHICLES: \_\_\_\_\_  
 INJURY: \_\_\_\_\_

### ATTORNEY

PLANTIFF  OR DEFENSE

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### NOTES

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