

ASSIGNMENT FORM

The below named insurance company does hereby assign to
Johnson & Rountree the following premium file for recovery:

ASSIGNMENT DATE: _____ CLIENT CODE: _____

YOUR NAME: _____ COMPANY: _____

BONDED COMPANY: _____ CONTACT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE(S): _____

FILE #/CLAIMANT: _____ BOND DATES: _____

AMOUNT OWED: \$ _____ ESTIMATED: \$ _____ ACTUAL: \$ _____

IF POSSIBLE, PLEASE PROVIDE:

***COPY OF DEMAND(S) / DECLARATION PAGE / COPY OF AUDITORS REPORT**

SPECIAL INSTRUCTIONS:

PLEASE CHECK ONE: _____ FIRST PLACEMENT _____ SECOND PLACEMENT

TYPE OF PREMIUM: _____ BOND _____ OTHER

**PLEASE FAX OR MAIL TO: JOHNSON & ROUNTREE PREMIUM
 P.O. BOX 2625
 DEL MAR, CA 92014
 (800)578-3300 FAX (800)815-7445**

**ONLINE ASSIGNMENT
FORM AVAILABLE AT: www.jrpremium.com**