ASSIGNMENT FORM

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

ASSIGNMENT DATE:_____ CLIENT CODE:_____

YOUR NAME:_____COMPANY:_____

INSURED_____ CONTACT_____

ADDRESS:_____CITY_____

STATE:_____ ZIP_____ PHONE(S)_____

LOSS DATE_____CLAIM OR FILE #_____

AMOUNT OWED $_____AMOUNT PAID ON LOSS $_____

CLAIMANT NAME_____

*** IF POSSIBLE, PLEASE PROVIDE COPY OF DEMAND, COPY OF LOSS REPORT:**

SPECIAL INSTRUCTIONS:

_____

_____

_____

PLEASE CHECK ONE:

_____ FIRST PLACEMENT _____ SECOND PLACEMENT

TYPE OF FILE:
_____ DEDUCTIBLE
_____ 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