

ASSIGNMENT FORM

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

ASSIGNMENT DATE: _____ CLIENT CODE: _____

YOUR NAME: _____ COMPANY: _____

DEBTOR _____ CONTACT _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP _____ PHONE(S) _____

*SS# _____ YOUR REF # _____

BALANCE OWED _____ TRANSACTION DATE _____

*** IF POSSIBLE, PLEASE PROVIDE COPIES OF DEMAND SENT TO DEBTOR.**

SPECIAL INSTRUCTIONS: _____

PLEASE CHECK ONE:

_____ FIRST PLACEMENT

_____ SECOND PLACEMENT

TYPE OF FILE:

_____ OVERPAYMENT

_____ 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