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:_____

INSURED_____ CONTACT_____

ADDRESS:_____CITY_____

STATE:_____ ZIP_____ PHONE(S)_____

FILE #_____POLICY PERIOD_____

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:

_____ EARNED
_____ AUDIT
_____ 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**