

ASSIGNMENT FORM

The below named assigns to Johnson & Rountree the following claim for recovery:

ASSIGNMENT DATE: _____ CLIENT CODE: _____

YOUR NAME: _____ COMPANY: _____

CLIENT REFERENCE #: _____ DATE OF LOSS: _____

INSURED: _____ ASSIGNMENT AMOUNT: \$ _____

ADVERSE/3RD PARTY: _____ DRIV LIC. #: _____

ADDRESS: _____ SOC. SEC. #: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

ADVERSE PLATE #: _____ STATE: _____ MAKE OF VEHICLE: _____ YEAR: _____

REGISTERED OWNER: _____ DRIV LIC. #: _____

ADDRESS: _____ SOC. SEC. #: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

IMPORTANT! WHEN DO STATUTES RUN?: _____

BRIEF EXPLANATION: (IF WARRANTED) _____

PLEASE CHECK ONE: _____ FIRST PLACEMENT _____ SECOND PLACEMENT

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