



# New Assignment Form

Your Name: \_\_\_\_\_ Your Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

If new client: Mailing Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Insured Phone Number: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Loss Site Address: \_\_\_\_\_

Loss Site Contact: \_\_\_\_\_

L/S Contact Phone Number: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Client File Number: \_\_\_\_\_ Civil Action Number: \_\_\_\_\_

**Loss Type:**

<i>Property – Fire/Heat/Smoke/Soot Damage</i>	<i>Property – Oil/Chemical Spill</i>
<i>Property – Surge Damage</i>	<i>Property – Water/Mold/Mildew Damage</i>
<i>Personal Injury – Air Quality</i>	<i>Personal Injury - Burn</i>
<i>Personal Injury – Impact</i>	<i>Personal Injury - Shock</i>

**Scope of Work:**

<i>Failure Analysis</i>	<i>Origin &amp; Cause</i>
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**Initial Update:**

<i>Verbal</i>	<i>Email</i>	To: _____
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**Reporting:**

<i>Hard Copy</i>	<i>Electronic</i>	To: _____
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**Invoicing:**

<i>Hard Copy</i>	<i>Electronic</i>	To: _____
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**Specific Instructions:** \_\_\_\_\_

**Fax: 781-297-7050**

**Email: office@gaiengineers.com**