

Assignment Information

1884 Stageline Cir
Rocklin, CA 95765
Phone: 800-524-6664
Fax: 707-581-7322
www.4cscinc.com

Name of Insured

Name of Loss

Loss Site Address

City

State

Zip Code

Claim #

Contact Name

Contact Phone

Contact E-mail

Loss Date

Type of Loss

Use or Occupancy

Client Company

Adjuster

Billing Address

City

State

Zip Code

Adjuster Phone

Adjuster Cell Phone

Adjuster E-mail

Brief Narrative of
Assignment

Preliminary Scope
of the Assignment

Other Instructions