

# PCA

## PROFESSIONAL CLAIM ADJUSTERS

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### ASSIGNMENT WORKSHEET

Date: \_\_\_\_\_ Urgent: Yes No Date needed: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Claim Rep: \_\_\_\_\_ Clm Rep Phone: \_\_\_\_\_

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

Date of Loss: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Type of loss: Auto Homeowner Other: \_\_\_\_\_

Police Report Agency Request: \_\_\_\_\_

Property Address: \_\_\_\_\_

Named Insured \_\_\_\_\_

SS Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Contact Person: \_\_\_\_\_

Facts of loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assignment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Claim Adjusters: Donna S. Warren, SCLA and Dennis Fesmire - Memphis area*  
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