



Mills Mehr & Associates
Insurance Adjusters & Third Party Administrators

Liability Claim Assignment Form

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↑
Please be sure
you have saved
& renamed this
file prior to
clicking.

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ext: _____ Fax: _____

Email Address: _____

Handling Procedure: Full Adjustment Investigation Task Assignment Mediation

Claim Type:

Auto Liability General Liability Product Liability
 Professional Liability Homeowner Liability Other: _____

Policy No: _____ Claim No: _____

Date of Loss: ____/____/____ Description of Loss: _____

insured

Insured Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Ph.: _____ Alt. Ph.: _____ Email: _____

claimant

Claimant Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Ph.: _____ Alt. Ph.: _____ Email: _____

Location of Loss: Insured Address Claimant Address Other (enter below)

Address: _____

City: _____ State: _____ Zip: _____

Policy Coverages & Forms: _____

Description of Incident/Additional Instructions: