



Mills Mehr & Associates
Insurance Adjusters & Third Party Administrators

Property Loss Assignment Form

Phone: 727.669.0140 • Fax: 727.669.0191

Email: mma@millsmehr.com

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 Damage Appraisal Appraisal Investigation

Policy No: _____ Claim No: _____

Date of Loss: ____/____/____ Type 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: _____

Loss Description/Additional Instructions:

Policy Information/Coverage:

Coverage A: _____

Coverage B: _____

Coverage C: _____

Coverage D: _____

Other: _____

Deductible: _____

Forms: _____

Endorsements: _____

Coinsurance: _____