

We are proudly accepting assignments throughout the continental United States.
(Excludes Alaska and Hawaii)



19100 Von Karman Ave., Suite 280
Irvine, CA 92612
Call Toll Free: (888) 327-5566
Fax: (888) 327-9299

Assignment Referral Options

Submit Directly: www.DynamicClaims.com
E-mail This Form to: Dynamic@DynamicClaims.com
Fax this From to: (888) 327-9299
Or Call in Referral Directly: (888) 327-5566

CD Assignment Referral Form

Client Information

Date: _____

Report To: _____
 Company: _____
 Address: _____
 City: _____ State _____ ZIP _____
 cc: _____
 Phone: () _____
 E-mail: _____

Case Name: _____
 Claim #: _____
 Policy #: _____
 Policy Dates: Inception: _____ Expiration: _____
 Type of Coverage: _____
 Date of Loss: _____
 Loss Location: _____
 Complaint Venue: _____

Facts: _____

Insured

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

Contact

Name: _____
 Phone: () _____

Insured Attorney

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____
 E-mail: _____

Developer Attorney

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone () _____
 E-mail: _____

Plaintiff Attorney

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone () _____
 Email: _____

Assignment To Be Completed

Meet w/Insured	Obtain:		
Meet w/Attorney	Obtain:		
City/County Agencies	Obtain:		
Site Inspection	Location:		
Obtain Photos of:	Description:		
Court Appearance:	Date:	Time:	Location:
	Authority:		
Documentary Depository:	Name:	Phone:	Email:
	Address:		
Description of Document:			
Other:			