



**Directions:**

Fill out this form, SAVE AS a PDF, and email to claim@vceinc.com or print and fax to (615) 333-1359.

As always, we would be glad to receive your assignment via telephone at (615) 781-3844 or (800) 747-3844. This form is provided for those who prefer to submit an assignment via email or fax. Also if you need additional help with this form or its submittal, please give us a call.

Thank you for your business!

**Your Information**

First Name	<input type="text"/>	Company Name	<input type="text"/>
Last Name	<input type="text"/>	Company Address	<input type="text"/>
Title	<input type="text"/>	City	<input type="text"/>
Work Phone Number	<input type="text"/>	State	<input type="text"/>
Cell Phone Number	<input type="text"/>	ZIP code	<input type="text"/>
Fax	<input type="text"/>	Email	<input type="text"/>

**Assignment Information**

Please complete all applicable non-highlighted areas with information for the claim and please complete the highlighted area that corresponds with the type of investigation.

Type of Investigation (Check all that apply)

<input type="checkbox"/> Traffic Crash Reconstruction	<input type="checkbox"/> Blasting Damage
<input type="checkbox"/> Structural Investigation	<input type="checkbox"/> Water Intrusion / Mold
<input type="checkbox"/> Roofing Investigation	<input type="checkbox"/> Sink Hole Evaluation
<input type="checkbox"/> Lightning Damage	<input type="checkbox"/> Fire Cause & Origin
<input type="checkbox"/> Vehicle Inspection	<input type="checkbox"/> Product Liability
<input type="checkbox"/> Other	<input type="checkbox"/> Vehicle Appraisal

Claim Number	<input type="text"/>	Loss Location	<input type="text"/>		
Date Of Loss	<input type="text"/>	City	<input type="text"/>		
Report Preference	<input type="radio"/> PDF <input type="radio"/> Paper Copies <input type="radio"/> Both	State	<input type="text"/>	ZIP code	<input type="text"/>
		County	<input type="text"/>		

Description of Situation

Additional Notes / Instructions

**Insured's Information**

Contact Name

Check if address the same as loss location above

Company Name

Address

Home Phone Number

City

Work Phone Number

State

Cell Phone Number

ZIP code

County

**Also Complete For Blasting Claims**

Was a Pre-Blast Survey of the Property Completed?  Yes  No

If so, by whom?

Was Seismic Monitoring Done for the Project?  Yes  No

If so, by whom?

**Also Complete For Roof Claims**

Roof Type  Composition Shingles  Metal  Wood  BUR-Coal Tar  
 EPDM-Rubber  Thermoplastic  Modified Bitumen  BUR-Asphalt

Roof Pitch  Steep  Medium  Low

Approximate Square Footage  Stories  Number of Buildings

Can the roof be accessed with a one-story ladder?  Yes  No

Is there a ladder on site that can safely be used?  Yes  No

Is the roof experiencing leaks?  Yes  No

**Also Complete For A Traffic Accident Reconstruction / Vehicle Inspection / Vehicle Appraisal Claim**

Location of Insured's Vehicle

Address

City  State  ZIP code

Phone Number

Vehicle Year  Vehicle Make

Vehicle Model  VIN

Lot / Stock Number

**Other Involved Party Information**

Contact Name  Address

Company Name  City

Home Phone Number  State

Work Phone Number  ZIP code

Cell Phone Number

Ok to contact?  Yes  No

Location of Other Involved Party's Vehicle

Address

City  State  ZIP code

Phone Number

Vehicle Year  Vehicle Make

Vehicle Model  VIN

Lot / Stock Number