

# Forensic Accounting Assignment Form



Please send the completed form to [assignments@ingardus.com](mailto:assignments@ingardus.com).

We will contact you within one business day.

## Claim Information:

Insured or Claimant: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Loss Location: \_\_\_\_\_  
Date Repairs Completed: \_\_\_\_\_  
Claim, Policy or File Number: \_\_\_\_\_  
Amount(s) Claimed: \_\_\_\_\_  
Event Giving Rise to Claim: \_\_\_\_\_  
Service Requested: \_\_\_\_\_  
Contact Person & Telephone  
Number at Insured's, Claimant's,  
Plaintiff's or Defendant's office: \_\_\_\_\_

## Coverage Considerations:

Coinsurance: \_\_\_\_\_  
Extended Period of Indemnity (# of days): \_\_\_\_\_  
Deductible: \_\_\_\_\_

## Client Contact Information:

Adjuster or Attorney Name: \_\_\_\_\_  
Adjuster or Attorney Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

## Miscellaneous Information & Comments:

If you do not receive an acknowledgement from us within one business day, please contact us at 317-917-1176.