

FORT ORANGE CLAIM SERVICE, INC.

E-mail- HOCP@focusadjusters.com

REQUEST FOR SERVICE

SELECT BRANCH OFFICE:

FAX:

DATE ASSIGNED _____

_____ CLIFTON PARK (518) 383-2493

CLAIM # _____

_____ GLENS FALLS (518) 798-2371

POLICY # _____

_____ POUGHKEEPSIE (845) 486-9510

INSURED _____

_____ UTICA (315) 738-0645

DATE OF LOSS _____

_____ SYRACUSE (315) 478-8813

TYPE OF LOSS _____

_____ ROCHESTER (716) 244-6226

TRANSMITTED BY:

ADJUSTER: _____

COMPANY: _____

COMPANY ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CLAIM INFORMATION

SUBJECT NAME: _____

INSD _____ CLMT _____ WITNESS _____

ADDRESS: _____

BUSINESS ADDRESS: _____

HOME PHONE: _____

BUSINESS PHONE: _____

S.S.# _____

EMPLOYER: _____

NATURE OF INJURY: _____

REPRESENTED: YES _____ NO _____

ALLEGED DISABILITY: _____

LOCATION OF LOSS: _____

SERVICE REQUESTED

| | | | |
|--------------------------|------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | IN-PERSON SIGNED STATEMENT | <input type="checkbox"/> | CANVASS FOR WITNESS |
| <input type="checkbox"/> | IN-PERSON RECORDED STATEMENT | <input type="checkbox"/> | PHOTOS OF SCENE |
| <input type="checkbox"/> | ACTIVITY CHECK | <input type="checkbox"/> | PHOTOS OF PREMISE |
| <input type="checkbox"/> | SCENE INVESTIGATION/PHOTOS | <input type="checkbox"/> | PROPERTY APPRAISAL GOLD (SCHEDULE) |
| <input type="checkbox"/> | SECURE RECORDS | <input type="checkbox"/> | PROPERTY- FULL ADJ. (TIME & EXP.) |
| <input type="checkbox"/> | INSPECTION OF PRODUCT/PHOTO | <input type="checkbox"/> | PROPERTY- FULL ADJ. (SCHEDULE) |

ADDITIONAL INSTRUCTIONS: _____

