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Appraisal Assignment Form

Agent Information

Name: _____ Telephone: _____
Address: _____ Fax: _____
Company: _____ E-mail: _____

Insured Information

Insured Name: _____ Telephone: _____
Insured Address: _____

Property Management Company Information

Name: _____ Telephone: _____
Address: _____

Information About Subject Property ***Use Separate Form for Multiple Properties***

Property: _____ Square Footage: _____
Address: _____ Number of Stories: _____
Property Type: _____ Prior Insurable Amount: _____

Prior Appraisal Available: Y or N Building Plans Available: Y or N
Invoice to: **1.** Insurance Agent **2.** Insured **3.** Property Management Company (circle)

Contact Person For Access: _____ Phone _____

Assignment Submitted By: _____