



DITCHEY GEIGER, LLC

PO Box 14820
Cleveland, Ohio 44114

ARBITRATION ASSIGNMENT FORM

CLIENT COMPANY: _____

CLIENT REPRESENTATIVE: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

CLAIM / FILE NO.: _____

INSURED / DRIVER: _____

DATE OF LOSS: _____ LOCATION: _____

CLAIM AMOUNT: \$ _____

ADVERSE CARRIER: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

INSURED: _____

CLAIM / FILE NO.: _____

ADJUSTER: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

PLEASE ATTACH IF AVAILABLE: INITIAL LOSS REPORT, POLICE REPORT, ESTIMATE / SUPPORT OF DAMAGES, PROOF OF PAYMENT, PHOTOS, STATEMENTS, COPY OF DENIAL LETTER

ADDITIONAL COMMENTS:
