DG

DITCHEY GEIGER, LLC
PO Box 14820
Cleveland, Ohio 44114

SUBROGATION ASSIGNMENT FORM

CLIENT COMPANY: _____

CLIENT REPRESENTATIVE: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

CLAIM / FILE NO.: _____

INSURED / DRIVER: _____

DATE OF LOSS: _____ LOCATION: _____

CLAIM AMOUNT: $ _____

RESPONSIBLE PARTY

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NO.: _____

[ ] Check here if additional responsible parties identified in file

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PLEASE ATTACH IF AVAILABLE: INITIAL LOSS REPORT, POLICE REPORT, ESTIMATE / SUPPORT OF DAMAGES, PROOF OF PAYMENT, PHOTOS, STATEMENTS, IDENTIFICATION OF ADDITIONAL CLAIMANTS, INSURANCE CARRIER INFORMATION, ATTORNEY LETTER OF REPRESENTATION

ADDITIONAL COMMENTS:

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