NICE NETWORK ASSIGNMENT FORM - # PAGES IN FAX _____

NICE Network, Inc.

2613 Crescent Springs Pike • Crescent Springs, KY 41017-1555
Phone 800-837-6423 or Fax 800-486-8110
www.nicenetwork.com

Adjuster_____**Date**_____

Company_____**E-mail**_____

Address_____**Ph#**(_____)_____**Ext**.___

City/ST/Zip_____**Fax**(_____)_____

Policy/Claim/File#_____Date of Loss_____/_____/_____

Insured_____Ph#(_____)_____

Address_____Fax#(_____)_____

City/ST/Zip_____Contact_____

Reported Cause of Loss: (___)Lightning (___)Theft (___)Water (___)Fire (___)Transit
(___)Mechanical Breakdown (___)Power Surge (___)Other_____

Coverage: (_____)R/C (_____)ACV (_____)3rd Party Deductible $_____

Description of Equipment Reported as Damaged or Stolen:
(___)Computer (___)Telephone (___)Office Equipment (___)Alarm System (___)Audio/Video
(___)Other Equipment & Comments:_____

Reported Scope of Damage, Current Status & Location of Equipment:

_____

Technician_____Company_____Ph#(____)_____

Any Documents Already Received & Being Sent to NICE Network:

(_____)Property Loss Notice (_____)Original Purchase Invoices
(_____)Repair/Replacement Estimate (_____)Repair/Replacement Invoice
(_____)Police Theft Report (_____)Inventory of Equipment

Additional Information/Documents Received of Requested:

_____

SERVICES REQUESTED FROM NICE NETWORK:

(_____)**NICE Network's Complete Evaluation Service**
(_____)Arrange Inspection of Equipment
(_____)Verify Inventory Description & Configuration of Equipment
(_____)Verify Market Values of Equipment
(_____)Evaluate/Verify Reported Cause of Loss
(_____)Order GDS Lightning Verification Report
(_____)Evaluate Scope of Damage & Repair/Replacement Options
(_____)Evaluate Potential Salvage Value of Equipment

Special Instructions:_____