

Forensic Accounting Assignment Form



Ingardus is now MarksNelson.
Same team. Same client service.

Please send the completed form to assignments@mnadvisors.com
We will contact you within one business day.

Claim Information:

Insured or Claimant:
Date of Loss:
Loss Location:
Date Repairs Completed:
Claim, Policy or File Number:
Amount(s) Claimed:
Event Given Rise to Claim:
Services Requested:
Contact Person & Telephone
Number at Insured's, Claimant's,
Plaintiff's or Defendant's Office:

Coverage Considerations:

Coinsurance:
Extended Period of Indemnity
(# of days):
Deductible:

Client Contact Information:

Adjuster or Attorney Name:
Adjuster or Attorney Phone Number:
Email Address:
Company Name:
Billing Address:

Miscellaneous Information & Comments:

If you do not receive an acknowledgement from us within one business day, please contact us at 317-917-1176.