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New Assignment For ISI Investigations

Print out form, fill it out completely and fax to 909-801-2627.

Your Name: _____

Company Name: _____

Mailing Address: _____

Office Telephone Number: _____ Cell Number: _____

FAX Telephone Number: _____ Other Number: _____

Claimant and Loss Information

Claim Number: _____

Insured Last Name: _____ Insured First Name: _____

Insured Contact Telephone: _____

Structure Fire

Date of loss: _____

Loss Location Address: _____

Check all that apply: SFR Commercial Mobile Home Other _____

Coverage: Building Contents

Contact for access to structure: _____

Contact telephone: _____

Vehicle Fire

Date of loss: _____

Location of Fire: _____

Vehicle Storage Location: _____

Phone contact for access to vehicle: _____

Year: _____ Make: _____ Model: _____

VIN: _____ State: _____ License number: _____

Comments: _____

