

# DIGITORY REMOTE LOSS SUBMISSION FORM

## Digitory's Remote Inventory Solution



## Service Request Form

EMAIL Service Request:	contact@digitorysolutions.net	EMAIL General:	contact@digitorysolutions.net
FAX Service Request:	914-931-3097	CALL Customer Service:	914-302-1049

**Instructions:**

**Please complete all applicable areas within this Service Request Form. This Form must be included with each claim assignment. All Required Facts have been marked by an underline and an asterisk (\*).**

# Pages Faxed/Uploaded		Submission Date:	
<b>File Information</b>			
Public Adjuster's Name		Residential or Commercial	
Public Adjuster Company		Contents Policy Limit	
Mailing Address		ACV/RCV	
City		Date of Loss	
State, Zip		Cause of Loss	
Phone		Policy Number	
Email		Claim Number	
Fax		Insurance Company	
<b>Policyholder s Information</b>			
Insured Name		Insured Address	
Insured Phone or Email		Insured City	
Building Style		Insured State	
Number of Rooms		Insured Zip	
<b>Appraise Information</b>			
Buyer's Profile Level (1 – 5)		Apply Depreciation (Y or N)	
Contents Condition (1 – 10)		Age included (Y or N)	
Submission Data Type		(L), (M), or (H) Depreciation	
Service Type		Expected Total RCV (Est.)	
How Many Occupants		Product Quality	
<b>Remarks (if YES to any of above, please provide additional information)</b>			