



ENGINEERING INSPECTION REQUEST

This form may be submitted via fax, e-mail, or online at www.pronetgroup.com/submit_assignment

CLIENT INFORMATION

Form with fields: Date, Name, Address, City, State, Zip, E-mail Address, ProNet File No, Company Name, Direct No, Fax No, Other No

ASSIGNMENT TYPE

- Structural Evaluation, Sinkhole/Collapse Assessment, Site Assessment/Scope of Damage, Water Origin & Cause Investigation, Foundation Evaluation, Roof Damage Evaluation, Vehicle Flood/Hail Analysis, Vehicle Mechanical Analysis, Vehicle Theft Analysis, HVAC / Plumbing, Fire Origin & Cause Investigation, Storm / Catastrophe, Electrical Product Liability, Mechanical Product Liability, Other

ASSIGNMENT INFORMATION

Form with fields: Claim No, Insured, Loss Location, City, State, Zip, DOL, Home No, Work No, Other

SCOPE

Empty form box for scope details

FACTS OF LOSS (Please indicate number of stories, square footage & additional contact information if available.)

Empty form box for facts of loss

Please forward additional information such as reports (accident, fire, plumbing), photos, repair receipts, etc. to info@pronetgroup.com

VEHICLE INFORMATION

Form with fields: Year, Plate No, Location, Address, Stock No, Make, VIN, Row, Model, Phone, Contact