

# PCA

## PROFESSIONAL CLAIM ADJUSTERS

PO Box 17112, Nashville, TN 37217

PH 615 832-7531 or 615-834-4454

**FAX 615 834 5389**

**Donna Warren – owner** - Cell: 615 300-8783

Email: [PCAWarren@mindspring.com](mailto:PCAWarren@mindspring.com)

Website: [www.Profclaimadjusters.com](http://www.Profclaimadjusters.com)

### ASSIGNMENT WORKSHEET

Date: \_\_\_\_\_ Urgent: Yes No Date needed: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Claim Rep: \_\_\_\_\_ Clm Rep Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Type of loss: Auto Homeowner Other: \_\_\_\_\_

Police Report Available?: Yes No Agency: \_\_\_\_\_

Scene Photos Available?: Yes No

Statements Available?: Yes No

Facts of loss: \_\_\_\_\_

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Details of Assignment: \_\_\_\_\_

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*Claim Adjusters:* Donna S. Warren, SCLA and Dennis Fesmire - Memphis area  
Email: [pcawarren@mindspring.com](mailto:pcawarren@mindspring.com) - Website: [www.Profclaimadjusters.com](http://www.Profclaimadjusters.com)

*Couriers:* J. T. Riley – David Blocker  
Rick Cox, , Memphis, Knoxville