

Claim Information

Ryan Engineering Center

Value-Driven Engineering Solutions



To be completed by Adjuster

Adjuster Name		Shipping Tracking #	
Unit / FH Code		Loss Report #	
Regional Office		Date of Loss	
Adjuster Phone		Member Name	
Adjuster Fax		Member #	
Adjuster E-mail		Member Phone	
Adjuster Address		Member Address	
City		City	
State, Zip		State, Zip	

To be completed by Adjuster and/or Member

Product:		Original Install Date:	
Manufacturer:		Age of Item:	
Model #:		Serial #:	

Check appropriate response:

Part Type:	<input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Repaired / Modified	Fuel / Energy Source:	<input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric
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Check appropriate response for products utilizing water:

Typical Water Pressure:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Water Source:	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> Both
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Describe Damages: Fire Explosion Water Damage Personal Injury Property Damage Other

Describe the circumstances involving this claim:

Member Signature:		Date:	
Adjuster Signature:		Date:	

To be completed by Ryan Engineering

RE Case #		Contact Date	
Engineer		Due Date	
Special Instructions:			

Professional Services

Forensic
Industrial
Structural
Digital Media

**National Coverage
International Experience**

Corporate Office

608 S. Hico
Siloam Springs, AR 72761
479-524-4090
479-524-3047 Fax
800-436-0697

Central Arkansas

501-760-7726

California - Toll Free

866-617-4800

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PEs Licensed in

Alabama	Arkansas
Arizona	California
Colorado	Delaware
Florida	Georgia
Illinois	Indiana
Iowa	Kansas
Kentucky	Louisiana
Maryland	Massachusetts
Michigan	Mississippi
Missouri	Minnesota
New Hampshire	New Jersey
New York	North Carolina
Ohio	Oklahoma
Pennsylvania	South Carolina
Tennessee	Texas
Virginia	West Virginia
Wisconsin	

info@ryan-engineering.com

800-436-0697

www.ryan-engineering.com

Instructions for completing Claim Information Form

Section 1: (To be completed by Adjuster)

1. Adjuster Name: Enter the Contact Person's and/or the Adjuster's Name
2. Unit/FH Code
3. Regional Office: Enter the Location to be Invoiced
4. Adjuster Phone: Enter the telephone number with extension for the person(s) listed under Adjuster Name
5. Adjuster Fax: Enter the fax telephone number for the person(s) listed under Adjuster Name
6. Adjuster Address/City/State/Zip: Enter the address that you wish to have the analysis report mailed to (please do not enter the address for the regional office, if you do you may not receive your report in a timely manner)
7. Tracking #: Enter the tracking number off of the corresponding shipping document. If private carrier was chosen, please enter PC as the tracking #.
8. Loss Report #: Enter the loss report # corresponding to your interoffice documents
9. Date of Loss: Enter the date of loss reported by the member
10. Member Name: Enter the name(s) of the member
11. Member #: Enter the corresponding member #
12. Member Phone: Enter the telephone number of the member. If we have specific questions relating to the incident, we will call this number to obtain that information.
13. Member Address/City/State/Zip: Enter the address of the member. This address will appear on the analysis report.

Section 2: (To be completed by Adjuster and/or Member)

1. Product: Enter the name of the product or an identifying characteristic
2. Manufacturer: Enter the manufacturer's name, if known. Otherwise enter any known information that may help to identify the manufacturer
3. Model #: Enter the model number of the product, if known
4. Original Install Date: Enter the date that the product was original installed by the member or supplier
5. Age of Item: Enter the age of the item. If new enter the production date/purchase date/installation date – If used enter the approximate age of the item
6. Serial #: Enter the serial number located on the item
7. Part Type: Please choose one: Original-Replacement-Repaired/Modified
8. Fuel/Energy Source: Please choose one: Propane-Natural Gas-Electric
9. Typical Water Pressure: Please choose one: Low-Medium-High
10. Water Source: Please choose on: City-Well-Both
11. Describe Damages: Please choose one: Fire-Explosion-Water Damage-Personal Injury-Property Damage-Other and provide a detailed description of the damages incurred
12. Describe the circumstances involving this claim: Please provide a detailed description