



Research & Replacement Group

5400 Laurel Springs Parkway, Suite 604

Suwanee, GA 30024-6067

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Fax: (678) 455-7272 - Watts: (888) 891-3434

www.RNRGroup.com • email:Claims@RNRGroup.com

Date: _____ # of pages: _____ Claim/Policy #: _____

E-mail: _____

E-mail: _____

Adjuster		
Insurance Company		
Address		
City	State	Zip
Phone #	Ext.	Fax#

Policy Holder		
Address		
City	State	Zip
Home#	Work# (Mr., Mrs., or Ms.)	Ext.
Contact (Mr., Mrs., or Ms.)		

(Check all that apply)

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- Type of Loss: _____
- ACV Policy with Replacement Cost Option
- ACV Policy
- Payment Tracker (Additional Fee)
- Audit Report (Additional Fee)
- Obtain Signed Authorization with Replacement
- Okay to Contact Insured?
- Replacement Approval:
(I authorize Research & Replacement Group to replace the merchandise requested by our insured.)
- Deductible of \$_____ will apply to the item(s) listed.
- Deductible will be taken from other items.

- Date of Loss: ____ / ____ / ____
- Property Limits \$_____
- Advance Payments \$_____
- Jewelry Scheduled Appraisal
- Jewelry Unscheduled
- Per Item \$_____
- Limit Total \$_____

Special Remarks or Comments: