

INVESTIGATION REQUEST

Requested By _____ Claim No. _____
Company _____ Prior File No. _____
Address _____ Carbon Copy To _____
_____ Telephone () _____
Email _____ Facsimile () _____
_____ Receive Email Updates Yes No

CLAIMANT INFORMATION

Today's Date _____ Date Required _____
Type of Claim _____ Date of Loss _____
 Open Pending Litigated Type of Injury _____
Name _____ Physical Restrictions _____
Address _____
_____ Drivers Lic. # _____
_____ Vehicle Description _____
Telephone () _____ Dependants _____
Date of Birth _____
Soc. Sec. # _____ Employer _____
Height _____ Weight _____ Hair _____ May we contact the employer Yes No
Sex _____ Race _____ Glasses _____ Employer Contact _____
Pending Appts (IME, EUO,PT) _____ Employer Telephone () _____
_____ Prior Investigation Conducted Yes No

TYPE OF INVESTIGATION

_____ Surveillance w/ Video Evidence	_____ Hospital Admission Canvass
_____ Comprehensive Activities Check	_____ In-Person Recorded Statement
_____ Basic Activities Check	_____ Telephonic Recorded Statement
_____ Alive & Well Check	_____ Criminal History Search
_____ Locate Investigation	_____ Court Record Canvass
_____ Locate & Process Service	_____ Pharmacy Canvass
_____ Subrogation / Residency Investigation	_____ Automotive Theft Investigation

ADDITIONAL INFORMATION

Please provide all additional information you have which may be pertinent.