

INSURANCE FRAUD SPECIALISTS, INC.

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Our File #: _____ Date Assigned: _____ Your File: _____
Client: _____ Assigned By: _____
Client's Phone No.: _____ Client's Address: _____

Insured: _____
Contact Person: _____ Contact Number: _____

INVESTIGATION REQUIRED

Subject(s): _____ Phone No.: _____
Address: _____

Circle requests: DMV History DMV Vehicles ICA/WCAB Search Employment Search Asset Searches Court Searches

Circle Type of Investigation required:

Plaintiff Investigation	Sex: M or F Race: _____ Weight _____ Height: _____
Locate Investigation	Marriage Status: _____ Children Yes or No
Surveillance Investigation	How Many: _____ Ages: _____
Obtaining Statements/Declarations	Vehicles owned: Make, Models & License: _____
Background Investigation	_____
Sub Rosa Investigation	Date of Birth: _____ Date of Injury: _____
Subrogation Investigation	How Injury Occurred and to What Body Part: _____
A.O.E. / C.O.E. Investigation	_____
Activity Check Investigation	_____
Domestic Investigation	ADJ or ICA or WCA No.: _____
Other	Social Security Number: _____
	Occupation: _____

Subject's attorney: _____ Attorney's Phone No.: _____
Subject's Doctor: _____ Dr's Address/Phone: _____

Client's Doctor: _____ Dr's Address/Phone: _____

Client's Attorney: _____ Attorney's Address/ Phone & E-Mail: _____

Hearing Dates or Depositions: _____ Time: _____ Location of Court: _____

Number of Investigator's on this Case: _____ Due Date for Assignment: _____

Instructions for this Assignment: _____

Time Allowed on this Assignment or Dollar Amount: _____

Has this case been worked prior by another agency: Yes or No If so, what type of investigation and when: _____

SERVING THE WESTERN & SOUTHEASTERN UNITED STATES