

INSURANCE FRAUD SPECIALISTS, INC.

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

INVESTIGATION REQUIRED

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

Circle requests: DMV Driving History DMV Vehicles Owned Work Comp. Court Record Search Employment Search
Property Records Search Civil Court Records Search Criminal Court Records Search County Recorder Document Search

Circle Type of Investigation required:

Plaintiff Investigation
Locate Investigation
Surveillance Investigation
Obtaining Statements/Declarations
Background Investigation
Sub Rosa Investigation (work comp.)
Subrogation Investigation
A.O.E. / C.O.E. Investigation
Activity Check Investigation
Domestic Related Investigation
Other

Sex: M or F Race: _____ Weight _____ Height: _____
Marriage Status: _____ Children Yes or No
How Many: _____ Ages: _____
Vehicles owned: Make, Models & License: _____

Date of Birth: _____ Date of Injury: _____
How Injury Occurred and to What Body Part: _____

ADJ or ICA or WCA No.: _____
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 & Email: _____

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: Circle Yes or No If so, what type of investigation and when:

SERVING THE WESTERN & SOUTHEASTERN UNITED STATES