



Client Information

Company: _____ Case Type: _____ Claim #: _____
Claim Specialist/Adjuster: _____ Phone #: _____
Address: Street: _____ Fax #: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____ Client's Title: _____
Date Assigned: _____ Date Due: _____ Budget: _____
Service(s) Requested: _____
Previously Investigated? (Y/N): _____ If Yes, Last Surveillance Date: _____
Defense Attorney: _____ Phone #: _____ Hearing Date: _____

Claimant Information

Claimant Name: _____ SSN: _____ DOB: _____
Address: Street: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Insured: _____ Contact: _____
Address: Street: _____ Phone: _____
City: _____ State: _____ Zip: _____ Claimant's Position: _____
Physical Description: Height: _____ Weight: _____ Race/Gender: _____
Hair Color: _____ Hobbies: _____
Distinguishing Characteristics: _____
Marital Status: _____ Spouse's Name: _____
Spouse's Description: _____
Children (Names and Ages): _____
Does the Claimant have any known history of violence? _____
Claimant's DL #: _____ Spouse's DL #: _____
Known Vehicles: _____

Injury Information

Alleged Injury: _____ Restrictions: _____
Date of Injury: _____ Suspected Activities: _____
Claimant Attorney: _____ Address: _____

Special Instructions (IME's, specific dates, hours, locations, etc.)

- Coverage Across the United States -

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