

Lindsey & Associates
Private Investigations
 1279 West Henderson Avenue # 207 ~ Porterville ~ California ~ 93257
 Voice & Fax 24 Hrs: 888.488.9991
 California License # PI 22356
 E-mail: service@lindseypi.com

**INSURANCE INVESTIGATION
 SERVICE REQUEST**

CLAIMANT INFORMATION:

Claimant's Name		Claim Number	Referral Date	Telephone Number
Address:		Claimant Description: <input type="checkbox"/> Male <input type="checkbox"/> Female Height: _____ / Weight: _____ / Hair: _____ / Eyes: _____ Other Physical Descriptors:		
Social Security Number - -	Date of Birth / /	Date of Injury / /	Type of Injury:	
Occupation:		Location of Injury:		
Vehicle Make - Model - Color		Vehicle License Number	Vehicle Year	
WCAB Number:	Applicant's Attorney Information (If Any):		Prior Investigation(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defense Attorney Information (If Any):	Medical Exam Scheduled Date:		Investigation Report Due Date:	

EMPLOYER INFORMATION:

Employer:		
Employer Primary Contact (Name & Title)	Address:	Telephone Number:
Employer Alternate Contact (Name & Title)	Address:	Telephone Number:

ASSIGNMENT INFORMATION: For Activity Checks or Sub Rosa Investigations, Please indicate number of days & number of Investigators per case That are authorized.

<input type="checkbox"/> AOE/COOE <input type="checkbox"/> S&W <input type="checkbox"/> 132A <input type="checkbox"/> MILEAGE/RECORDS CHECK <input type="checkbox"/> ACTIVITIES CHECK <input type="checkbox"/> SUB ROSA <input type="checkbox"/> COURT RECORD CHECK <input type="checkbox"/> WCAB CHECK <input type="checkbox"/> OTHER _____		
Comments & Instructions:		
Referring Adjuster:	Referring Company:	Lindsey & Associate Investigator Assigned:
Telephone No:	Address:	Telephone No: