



Atlantic Investigation Services

Date _____ Rush? (Y/N) _____ Date Required _____

Investigation Requested (check all that apply) :

<input type="checkbox"/> Video Surveillance	<input type="checkbox"/> Locate	<input type="checkbox"/> Assets
<input type="checkbox"/> Activities Check	<input type="checkbox"/> Records Check	<input type="checkbox"/> Other
<input type="checkbox"/> Background Check	<input type="checkbox"/> Statements	_____
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Accident Scene	_____

Company _____ Attention _____

Address _____ Phone _____
_____ Fax _____

Your File #: _____

Insured/Address/City/State: _____

May we contact the insured for additional information? (Y/N) _____

Subject: _____
(First) (Middle) (Last)

Address: _____
_____ (City) (State) (Zip)

Phone: _____ SS# _____ DOB: _____

Sex _____ Race _____ Height _____ Weight _____

Eyes _____ Hair _____ Glasses _____ Facial Hair _____

Marital Status _____ Spouse's Name _____

Alleged Injury _____ Occupation _____

Restrictions _____

Number of Days Requested _____ Date of Loss _____

Specific Instructions _____
