

Hover View Investigations

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SURVEILLANCE AND ACTIVITY REQUEST

Firm: _____ Attention: _____
Address: _____ Date: _____
City, State, Zip: _____ Court: _____
Telephone: _____ Case No: _____
Ext./Direct Line: _____ Case Title: _____
Your Fax No.: _____ Claim/File No.: _____
Your E-mail:: _____ Date of Loss: _____

PLEASE NOTE ANY SPECIFIC SERVICE REQUIREMENTS

Please check the services required: Video Surveillance Activities Check Other

Date ____/____/____ Completion Deadline ____/____/____ Trial or Hearing Date ____/____/____
Subject: _____ Social Security No.: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

If two crews are needed (i.e., rural cases), is permission granted to proceed? Yes No

Physical Description: _____

Date of Birth: ____/____/____ Sex: ____ Race: ____ Marital Status: ____ Spouse's Name: _____

Subject's Vehicles: _____

Alleged Injury: _____

Physical Restrictions: _____

Claim #: _____ Date of Loss: ____/____/____ Insured: _____

Type of Claim: _____ Previous Surveillance Performed? Yes No (If "Yes," attach report.)

Does the claimant have a history of violent behavior? Yes No (If "Yes," two crews are necessary)

What is the purpose of the investigation? _____

Special Instructions: _____

Are there specific days for the surveillance to be conducted? Yes No (If "Yes," What days?)

Restrictions: Day or \$ Limit: _____

Client: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

FAX: _____ E-Mail: _____ Internet CompuServe AOL Other

Is there a secondary contact for this case? Yes No (If "Yes," please fill in the form below:)

Client: _____ Phone #: _____

FAX: _____ E-Mail: _____ Internet CompuServe AOL Other

Are you a full-time client? Yes No

Referred by: _____