

# 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: \_\_\_\_\_