



MARSHALL INVESTIGATIVE GROUP

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INVESTIGATIVE REQUEST

I: FILE INFORMATION

Assignment date: ____ / ____ / ____ **Rush assignment?** **Yes** **No** Date needed: ____ / ____ / ____

Claim number: _____ Insured name and location: _____

Date of loss: ____ / ____ / ____ Place of incident: _____

Workers' Comp. Liability Disability Cargo Prior report date: ____ / ____ / ____ **MIG#:** _____

II: SUBJECT IDENTIFICATION

Subject's name: _____ Attorney: _____
name address

Address: _____ Phone: _____

DOB: ____ / ____ / ____ SSN: ____ - ____ - ____ Spouse/Kin: _____

Occupation: _____ Employer: _____
name address

Subject's vehicle: _____ Driver's license: _____
year make model tag no. state number state

Insurance carrier: _____
company location policy/claim no. phone adjuster

Alleged injury: _____ Emergency treatment at: _____
name address

Additional medical providers: _____

III: HOW MAY WE HELP YOU?

please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> ACTIVITY & BACKGROUND CHECK | <input type="checkbox"/> PUBLIC RECORDS (<i>criminal, civil, MVR, etc.</i>) |
| <input type="checkbox"/> DECEDENT CHECK (<i>dependents, finances</i>) | <input type="checkbox"/> SKIP TRACE (<i>current whereabouts</i>) |
| <input type="checkbox"/> EMPLOYMENT (<i>history and lost wages</i>) | <input type="checkbox"/> STATEMENT |
| <input type="checkbox"/> HEALTH HISTORY (<i>present and prior</i>) | <input type="checkbox"/> SUBROGATION (<i>assets and income</i>) |
| <input type="checkbox"/> INTERNET SEARCH | <input type="checkbox"/> SURVEILLANCE (<i>video documentation</i>) |
| <input type="checkbox"/> PRE-EMPLOYMENT (<i>verification</i>) | |

Additional instructions: _____

IV: CLIENT INFORMATION

Client name: _____ Company: _____

Address: _____

Phone: _____ FAX: _____ Email: _____