



CLAIM REP: _____
 CLAIM #: _____
 INSURED: _____
 RETURN TO: _____

The Quality Surveillance Company

Agency License # A-98-00005

\$1,000,000 E & O

SURVEILLANCE ORDER FORM

CLAIMANT: _____

ADDRESS: _____

CITY: _____ STATE: **FL** ZIP: _____ PHONE: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

(CIRCLE): Beard Mustache Glasses Hair Length & Color: _____

FURTHER DESCRIPTIVE DETAILS: _____

DATE OF BIRTH: _____ S.S. NUMBER: _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____

CHILDREN: _____

ALLEGED INJURY: _____

PHYSICAL RESTRICTIONS: _____

DATE OF LOSS: _____ TYPE OF CLAIM: _____

CLAIMANT'S VEHICLES: _____

CLAIMANT'S OCCUPATION / EMPLOYER'S NAME / Circle: FORMER PRESENT UNKNOWN

CLAIMANT'S DOCTOR (Name & Address) / NEXT SCHEDULED APPOINTMENT

CLAIMANT'S ATTORNEY (Name & Address) _____

CLIENT'S COMMENTS TO INVESTIGATOR: _____

DAYS	WEEKDAYS	WEEKEND	HRS. TOTAL	RUSH	ISSUED	INV	DUE

THERE IS AN ADDITIONAL \$100 RUSH CHARGE FOR ALL ASSIGNMENT
 THAT MUST BE RETURNED WITHIN 2 WEEKS

Assignment Desk: Telephone: (954) 797-9410 Fax: (954) 797-9418
 Corporate Office: P.O. Box 15945, Plantation, FL 33318
www.shannoninvestigationsinc.com