

# S. W. Herring International - Private Investigations

## DISABILITY INVESTIGATION ASSIGNMENT SHEET

Today's Date:	Claim#:	Due Date:
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### CLIENT INFORMATION

Client Name:
Firm:
Address:
City, State, Zip:
Telephone:
Fax:
Email:
Date of Disability:
Cause of Disability:

### TYPE OF SERVICE NEEDED

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Activity Check | <input type="checkbox"/> Live & Well     | <input type="checkbox"/> Surveillance  | <input type="checkbox"/> Locate              | <input type="checkbox"/> Video / Photo |
| <input type="checkbox"/> AOE / COE      | <input type="checkbox"/> Liability       | <input type="checkbox"/> Subrogation   | <input type="checkbox"/> Interviews          | <input type="checkbox"/> Statements    |
| <input type="checkbox"/> Records Check  | <input type="checkbox"/> Background      | <input type="checkbox"/> Due Diligence | <input type="checkbox"/> Scene Investigation | <input type="checkbox"/> Death Claim   |
| <input type="checkbox"/> Asset Search   | <input type="checkbox"/> Criminal Search | <input type="checkbox"/> Film Showing  | <input type="checkbox"/> Disability          | <input type="checkbox"/> EDEX          |

Other Information: \_\_\_\_\_

### INSURED INFORMATION

Insured's Name:
Address:
City, State, Zip:
Telephone:
Date of Birth:
SSN#:
Driver's License #:
Marital Status / Spouse Name:
Children with ages:
Occupation:
Business Address:
City, State, Zip:
Telephone:
Fax:
Website:

### INSURED IDENTIFYING INFORMATION

Race:	Gender:	Height:	Weight:	Eyes:	Hair:
Marks, Scars, Tattoos:					
Vehicle#1:					
Vehicle#2:					

