

CONFIDENTIAL



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INVESTIGATION ORDER FORM

FAX THIS COMPLETED FORM TO (801) 222-0980

CLIENT INFORMATION

Company Name Contact Person Desired Completion Date

E-mail Address Telephone / Ext Fax Number

Billing Address City State Zip

Claim Number Date of Loss Type of Claim

CLAIMANT / SUBJECT / INSURED INFORMATION

Full Name Employer Occupation

Home Address City State Zip

Home Phone Number SSN Date of Birth

Race / Language Marital Status Prior Investigations?

Identifying Features Height Weight

Describe Loss / Injury & Specific Restrictions: _____

What are the prime directives for the investigator? _____

Are there any special notes or directions regarding this matter? (i.e. doctor appointments, etc.) _____

Authorized Investigative Hours / Budget: _____

Authorizing Signature _____ Date _____

You may order your next investigation online at www.tinsleypi.com
P.O. BOX 1884 OREM, UTAH 84059 * PHONE 1-888-652-9700