

FORENSIC ANALYSIS & ENGINEERING CORPORATION
JOB ASSIGNMENT INFORMATION SHEET

FAEC FILE NO: _____ **DATE OPENED:** _____
FILE MANAGER ASSIGNED: _____ **BY:** _____

DATE OF ACCIDENT / LOSS: _____ **TYPE** _____
LOCATION OF ACCIDENT / LOSS: _____

INSURED'S NAME: _____
INSURED'S PHONE NUMBER _____ **TYPE** Plaintiff Defendant
PLAINTIFF'S NAME: _____
DEFENDANT'S NAME: _____

CLIENT NAME: _____ **TITLE:** _____
COMPANY NAME: _____
FIRM ADDRESS: _____
PHYSICAL ADDRESS: _____
OFFICE PHONE: _____ **FAX:** _____
CELL PHONE: _____ **E-MAIL:** _____
FILE NO.: _____ **CLAIM / POLICY NO.** _____

INVOICE SENT TO: _____
BILLING ADDRESS: _____

REFERRAL SOURCE: ALREADY A CLIENT WEBSITE MAILER TRADE SHOW NATIONAL CONTRACT
 COMPANY LIST AD IN OTHER: _____

TYPE OF BUSINESS INSURANCE LAW FIRM INDIVIDUAL INDUSTRY
 TECH. SPECIALITY: _____

TYPE OF LOSS:
 ACCIDENT BIO-MECHANICAL BIO-MEDICAL CHEMICAL CIVIL COMMON CARRIER
 CONSTRUCTION ELECTRICAL ELECTROCUTION EXPLOSION FIRE LP GAS MARINE MATERIALS
 MECHANICAL METALLURGICAL MOLD/MILDEW PEDESTRIAN PERSONAL INJURY PRODUCT DEFECT
 PSYCHOLOGICAL SAFETY STRUCTURAL VEHICULAR WORK COMP OTHER: _____

INSPECTION – TYPE AND LOCATION: _____

TYPE OF REPORT REQUESTED: _____
COMMENTS: _____

EVIDENCE STORAGE YES NO **DESCRIPTION:** _____
QUOTED STORAGE _____ **PER:** _____
COMMENTS: _____

QUOTED RATE RANGE OR PRICE NOT TO EXCEED: _____
