

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: _____ CELL PHONE: _____

FAX: _____ 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
 TECHINAL SPECIALTY: _____

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 / LOCATION / DETAILS:

TYPE OF REPORT: VERBAL WRITTEN

EVIDENCE STORAGE: YES NO QUOTED STORAGE: _____

DESCRIPTION: _____

QUOTED RATE RANGE OR PRICE NOT TO EXCEED: _____

FORENSIC ANALYSIS & ENGINEERING CORPORATION

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