

FORENSIC MARINE INVESTIGATIONS INTERNATIONAL

JOB ASSIGNMENT INFORMATION SHEET

FMI 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. 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 AND LOCATION: _____

TYPE OF REPORT REQUESTED: _____

COMMENTS: _____

EVIDENCE STORAGE YES NO DESCRIPTION: _____

QUOTED STORAGE _____ PER: _____

COMMENTS: _____

QUOTED RATE RANGE OR PRICE NOT TO EXCEED: _____