

Countermeasures Investigations / Surveillance

**PO Box 149
Hartford, CT 06101
P: 800-728-1346
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File Date: _____
Date of Loss: _____
Your File # _____
Completion Date: _____

(_) RUSH ASSIGNMENT

Subject: _____ *Date of Birth:* _____

Social Security Number: _____ *Marital Status:* _____

Address: _____

Telephone Number (Home): _____ *(Work)* _____

Physical Description: (_) Male (_) Female

(_) White (_) Black (_) Hispanic (_) Other

Height: _____ *Weight:* _____ *Color Eyes:* _____

Glasses: (_) Yes (_) No *Hair Color:* _____ *Style:* _____

Distinguishing Characteristics: _____

Type of Injury: _____

Physical Restrictions: _____

Last Occupation: _____ *How Long Employed:* _____

Known Vehicles (1): _____ *(2):* _____

Secondary Address: _____

Hobbies: _____ *Company Photo ?:* _____

Claimants Doctor: _____ *Address:* _____

Suspected Workplace: _____ *Next Doctor Visit:* _____

Purpose of the Investigations: _____

Special Instructions: _____

Hours Allocated: _____ *Was there ever surveillance conducted before?:* (_) Yes (_) No