

ASSIGNMENT FORM

Please fill out the fields below or use as a checklist for items required before commencing assignment. Send completed form + attachments to: <u>jking@kinginternationalgroup.com</u> (fax: 1-855-867-1464)

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CLIENT NAME	COMPANY	
PHONE #	EMAIL	
PRINCIPAL	NAMED INSURED	
CLIENT FILE #	DATE OF LOSS	BUDGET
NVESTIGATION ASSIGNMENT		
GENERAL INVESTIGATION	PROPERTY	RECOVERY
SURVEILLANCE	THEFT & LOSS	SUBROGATION
CYBER (INTERNET) RESEARCH	FIRE LOSS	LOCATION
LOCATE / SKIPTRACE	INSURANCE HISTORY	ASSETS & INCOME
INTERVIEW / STATEMENT	FINANCIAL INQUIRY	
BACKGROUND	BACKGROUND & MOTI	VE
OTHER		

SUBJECT OF INVESTIGATION

LAST NAME	FIRST NAME	MIDDLE NAME OR AKA
DOB	PHYSICAL DESCRIPTION	
TEL	ADDRESS	

DRIVERS LICENSE # VEHICLE **PLATE** MARITAL STATUS SPOUSE NAME **SPOUSE DOB CHILDREN (NAME & AGE) EMPLOYER / OCCUPATION BUSINESS ADDRESS** SCHOOL ACTIVITIES **INCIDENT DETAILS DETAILS INJURIES / LIMITATIONS ADDITIONAL INFORMATION**

PREVIOUS SURVEILLANCE REPORT?

Please scan all relevant documents, including accident reports and ID images. jking@kinginternationalgroup.com | fax: 1-855-867-1464

