

Worldwide Resources, Inc.

Confidential

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Request for Investigation:

Account Name: _____ No.: _____ Requestor: _____

Contact Number: _____ Fax: _____ E-Mail: _____

Date: _____ File Number: _____ Date of Loss: _____

Type of Investigation: _____ Date of Issue: _____

Claimant/Subject Name: _____

Address: _____

Date of Birth: _____ SS# _____ DL# _____

Employer: _____ Occupation: _____

Employer Addr.: _____ Phone#: _____

Description: Hgt. _____ Wgt. _____ Hair _____ Eyes _____ Other _____

Vehicle: Make _____ Model _____ Color _____ Tag _____

Nature of Loss: _____

Amount of Loss: _____ Smoking _____ Non-Smoking _____

Location of Loss: _____

Beneficiary / NOK: _____ Phone#: _____

Address: _____

Attorney: _____ Phone#: _____

Known Medical Providers:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Special Instructions: