



CLAIM REP: _____
 CLAIM #: _____
 INSURED: _____
 RETURN TO: _____

Agency License # A-98-00005

The Quality Surveillance Company
 \$1,000,000 E & O

LOCATE ORDER FORM

SUBJECT: _____

LAST KNOWN ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ S.S. NUMBER: _____

LAST KNOWN PHONE NUMBER: _____

ANY ADDITIONAL INFORMATION ON SUBJECT: _____

PLEASE SPECIFY REASON FOR LOCATING SUBJECT:

CLIENT'S COMMENTS TO INVESTIGATOR:

RUSH	ISSUED	INV	DUE

THERE IS AN ADDITIONAL \$75 RUSH CHARGE FOR ALL ASSIGNMENT
 THAT MUST BE RETURNED WITHIN 1 WEEK

Assignment Desk: Telephone: (954) 797-9410 Fax: (954) 797-9418
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