



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

Agency License # A-98-00005

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

WITNESS STATEMENT/SCENE INV. ORDER FORM

SUBJECT: _____
 ADDRESS: _____
 CITY: _____ STATE: **FL** ZIP: _____ PHONE: _____
 ANY ADDITIONAL INFO ON SUBJECT: _____

WHAT SPECIFIC FACTS OR QUESTIONS NEED TO BE ADDRESSED WITH THE WITNESS?

IS A SCENE INVESTIGATION NEEDED? YES NO
 ARE PHOTOS OF DAMAGED PROPERTY NEEDED? YES NO

***** POLICE REPORT MUST BE SENT IN WITH ALL WITNESS STATEMENT AND SCENE ***
 INVESTIGATIONS BEFORE THE ASSIGNMENT CAN BE STARTED**

CLIENT'S COMMENTS TO INVESTIGATOR: _____

| RUSH | ISSUED | INV | DUE |
|------|--------|-----|-----|
| | | | |

******THERE IS AN ADDITIONAL \$75 RUSH CHARGE FOR ALL ASSIGNMENT****
 THAT MUST BE RETURNED WITHIN 2 WEEKS**

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