

FORENSIC ANALYSIS & ENGINEERING CORPORATION
JOB ASSIGNMENT INFORMATION SHEET

Today's Date: _____

DATE OF ACCIDENT/LOSS _____ TYPE _____
LOCATION OF ACCIDENT/LOSS _____

INSURED'S NAME _____
INSURED'S PH#: _____ TYPE: Plaintiff Defendant
PLANTIFF'S NAME (S) _____
DEFENDANT'S NAME (S) _____

YOUR NAME _____ TITLE _____
COMPANY NAME _____
FIRM ADDRESS _____
PHYSICAL ADDRESS: _____
YOUR PHONE # _____ **FACSIMILE** _____
FILE NO. _____ CLAIM/ POLICY NO. _____
INVOICE SENT TO (Name/Company) _____
BILLING ADDRESS _____
HOW DID YOU HEAR ABOUT US? _____

TYPE OF BUSINESS: INSURANCE LAW FIRM INDIVIDUAL INDUSTRY
 TECHNICAL SPECIALTY _____

TYPE OF LOSS:

BICYCLE BIO-MECHANICAL BIO-MEDICAL CHEMICAL CIVIL COMMON CARRIER
 CONSTRUCTION ELECTRICAL EXPLOSION FIRE GAS IMMINENT DOMAIN
 INTELLECTUAL PROPERTY MARINE MATERIALS MECHANICAL METALLURGICAL
 PEDESTRIAN STRUCTURAL TRANSPORT VEHICLE VEHICULAR OTHER _____

INSPECTION —TYPE AND LOCATION _____

TYPE OF REPORT REQUESTED: _____

COMMENTS: _____

EVIDENCE STORAGE -- Yes / No _____ DESCRIPTION _____

QUOTED STORAGE FEE _____ PER _____

QUOTED RATE RANGE OR PRICE NOT TO EXCEED -\$ _____

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