



**SHALIK, MORRIS & COMPANY, LLP**  
 CERTIFIED PUBLIC ACCOUNTANTS • FORENSIC ACCOUNTING DIVISION  
*Forensic Accounting Services to the Insurance Industry*

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***Request for Investigation***

**INSURANCE COMPANY INFORMATION:**

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Requested by \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Date \_\_\_\_\_  
 CLAIM NO. \_\_\_\_\_  
 WCB CASE NO. \_\_\_\_\_  
 Assured \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Accident Date \_\_\_\_\_  
 Type of Injury \_\_\_\_\_

**Subject:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Telephone(H) \_\_\_\_\_  
 Telephone (W) \_\_\_\_\_  
 Email \_\_\_\_\_

DOB \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Name & Address of Subject's Attorney \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_

**TYPE OF INVESTIGATION:**

**Financial**

- |                                       |                          |                         |                          |
|---------------------------------------|--------------------------|-------------------------|--------------------------|
| Lost/Reduced Earnings                 | <input type="checkbox"/> | Future Loss of Earnings | <input type="checkbox"/> |
| Business Interruption Loss            | <input type="checkbox"/> | Burglary/Fire Loss      | <input type="checkbox"/> |
| Property Loss                         | <input type="checkbox"/> | Fidelity Loss           | <input type="checkbox"/> |
| Special (describe in "Remarks" below) | <input type="checkbox"/> |                         |                          |

**Remarks:**

*Provide all relevant information and instructions*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check if you wish a telephone call before commencing investigation

*The submission on this form constitutes authorization to proceed with evaluation of this claim.*