



GSM Investigative Group, LLC  
506 Ramseur Street  
Durham, NC 27701  
NCPI License 509894

## SURVEILLANCE AND ACTIVITY REQUEST

Firm: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Court: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Ext/Direct Line: \_\_\_\_\_ Case Title: \_\_\_\_\_  
Your Email \_\_\_\_\_ Claim/File Number \_\_\_\_\_

### PLEASE NOTE ANY SPECIFIC SERVICE REQUIREMENTS

Please check the services required: ( ) Video Surveillance ( ) Activities Check ( ) Other

Date: \_\_\_\_\_ Completion Deadline: \_\_\_\_\_ Trial or Hearing Date: \_\_\_\_\_

Subject: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If additional investigator/s needed (i.e., rural cases), is permission granted to proceed? ( ) Yes ( ) No

Physical Description: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

Subject's Vehicle/s: \_\_\_\_\_

Alleged Injury: \_\_\_\_\_

Physical Restriction/s: \_\_\_\_\_

Claim #: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Insured: \_\_\_\_\_

Type of Claim: \_\_\_\_\_ Previous Surveillance Performed?: \_\_\_\_\_ ( ) Yes ( ) No If yes, attach report

Does the claimant have a history of violent behavior?: \_\_\_\_\_ ( ) Yes ( ) (If Yes, two Inv. Minimum)

What is the purpose of this investigation?: \_\_\_\_\_

Specific days for surveillance?: \_\_\_\_\_ ( ) Yes ( ) No If Yes, What days? \_\_\_\_\_

Monetary Restrictions or Limit?: \_\_\_\_\_

Client: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_