



GSM Investigative Group, LLC
500 W. Morgan Street
Suite 202
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: _____

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