

INSURANCE TRACE REQUEST FORM
MEA Research Services
315 W. Valencia Road, # 24308
Tucson, AZ 85734

PLEASE E-MAIL REQUEST TO: admin@mea-research.com

******PLEASE INCLUDE ACCIDENT REPORT AND INSURANCE LETTER IF AVAILABLE******

RUSH ORDER (ADD'L \$100 PER DEF.) _____

24-HOUR RUSH ORDER (ADD'L \$200 PER DEF.) _____

REQUEST DATE ____/____/____

LOSS DATE OR LOSS PERIOD ____/____/____

FILE NAME: _____ CONTACT: _____

LAW FIRM: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PLEASE CHECK BELOW THE TYPE OF POLICY/POLICIES YOU ARE SEEKING INFORMATION ON IN THIS MATTER

AUTO _____ HOMEOWNERS _____ RENTERS _____ CGL BUSINESS _____ PREMISES _____ UMBRELLA _____

LIQUOR LIABILITY _____ MALPRACTICE _____ OTHER [please explain]: _____

INJURY/DEATH WAS CAUSED BY (I.E. SLIP & FALL, DOG BITE, ASSAULT, AUTO, ETC.): _____

WHAT TYPE OF REQUEST ARE YOU ORDERING? CHECK ALL THAT APPLY. FEES APPLY FOR EACH ITEM CHECKED

ID INSURANCE CARRIER _____ ID POLICY NUMBER _____ ID LIABILITY LIMITS _____ ID UM/UIM LIMITS _____

ID UMBRELLA INSURANCE ONLY _____

INSURANCE CARRIER NAME (NOT AGENT): _____

ADDRESS: _____

AGENT OR ADJUSTER: _____ PHONE: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

IF ORDERING AN UMBRELLA SEARCH ONLY, LIST THE LIABILITY LIMITS FOR THE ABOVE POLICY \$ _____

NAME OF POLICYHOLDER /INDIVIDUAL: _____ DOB/SSN: _____

POLICYHOLDER ADDRESS: _____

DEFENDANT NAME: _____ DOB/SSN: _____

DEFENDANT ADDRESS: _____

POLICYHOLDER PHONE: _____ DEFENDANT PHONE: _____

POLICYHOLDER/DEFENDANT IS THE DRIVER _____ VEHICLE OWNER _____ HOMEOWNER _____ OTHER _____

**BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ AND AGREED TO THE MEA TERMS AND CONDITIONS, DISCLAIMER, AND FEE SCHEDULE LOCATED AT WWW.MEA-RESEARCH.COM AND WHAT YOU WILL BE BILLED FOR.
FOR LOSS DATES MORE THAN 4 YEARS PLEASE EMAIL LASKEW@MEA-RESEARCH.COM IN ADVANCE FOR A QUOTE. FORM REVISED:11/01/2024**