

MEA REQUEST FORM

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

PLEASE INCLUDE ACCIDENT REPORT AND INSURANCE LETTER IF AVAILABLE

NEED A 3 - 5 DAY RUSH ORDER (ADD'L \$100 PER DEF.) _____ NEED A 24-HOUR RUSH ORDER (ADD'L \$200 PER DEF.) _____
PLEASE CHECK HERE IF NO ACCIDENT REPORT AVAILABLE _____ PLEASE CHECK HERE IF NO INSURANCE LETTER AVAILABLE _____

REQUEST DATE ____/____/____ LOSS DATE OR LOSS PERIOD ____/____/____ - ____/____/____

FILE NAME _____ CONTACT: _____

LAW FIRM NAME _____

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 _____
ASSET _____ ID UMBRELLA INSURANCE ONLY _____ ** See immediately below [no fees apply if no umbrella found]

**IF YOU ARE REQUESTING "UMBRELLA ONLY" PLEASE LIST BELOW THE PRIMARY POLICY CARRIER, POLICY NUMBER AND LIABILITY LIMITS. YOU WILL BE BILLED FOR UMBRELLA POLICY NUMBER AND UMBRELLA LIMITS IF FOUND WITH SAME CARRIER. IF THE UMBRELLA POLICY IS FOUND WITH A DIFFERENT CARRIER THAN THE PRIMARY CARRIER, THE "ID CARRIER FEE" WILL ALSO APPLY. THERE IS PROCESSING OF \$25 ON ALL ID INSURANCE CARRIER IF NO INFO IS LOCATED.

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 _____

POLICYHOLDER ADDRESS _____

DEFENDANT NAME _____ DOB _____

DEFENDANT ADDRESS _____

POLICYHOLDER PHONE # _____ DEFENDANT PHONE # _____

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

- \$75.00 CANCEL FEE PER. DEFENDANT WILL APPLY IF THIS ORDER IS CANCELLED WITHIN 10 BUSINESS DAYS [OR 3 BUSINESS DAYS FOR RUSH ORDERS].
• 24 HOUR RUSH ORDERS CANNOT BE CANCELLED. NON-RUSH REQUESTS ARE USUALLY COMPLETED BETWEEN 10 AND 15 DAYS.
• TO AVOID BEING INVOICED FOR POLICIES ALREADY KNOWN TO EXIST {FOR WHICH YOU DO NOT REQUIRE ANY INFORMATION ON}, PLEASE MAKE THEM AWARE TO MEA IN YOUR EMAIL WHEN SUBMITTING THIS REQUEST. PLEASE DO NOT LIST THESE POLICIES ON THIS FORM AS IT MAY CREATE CONFUSION WITH YOUR REQUEST.
• BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ AND AGREED TO OUR TERMS AND CONDITIONS, AND DISCLAIMER INCLUDED WITH THIS REQUEST. YOU ALSO CONFIRM YOU UNDERSTAND THE FEE SCHEDULE BELOW AND WHAT YOU WILL BE BILLED FOR.
• INSURANCE TRACES ARE PERFORMED UNDER THE DEFENDANT/POLICYHOLDER NAME(S) ONLY. POLICIES FOUND MAY OR MAY NOT COVER A SPECIFIC LOSS, THE TARGET VEHICLE OR SPECIFIC PROPERTY OWNED/OPERATED BY THE DEFENDANT/POLICY HOLDER. YOU WILL STILL BE INVOICED IN ACCORDANCE WITH FEE SCHEDULE BELOW IF THE POLICY WE FOUND IN THE DEFENDANT/POLICYHOLDER'S NAME WAS IN FORCE ON THE DATE OF LOSS. WE CANNOT INSPECT POLICIES FOR EXCLUSIONS.
• IF REQUESTING LIABILITY LIMITS ONLY YOU MUST PROVIDE THE INSURANCE CARRIER AND A POLICY NUMBER [OR] CLAIM NUMBER ABOVE, OR YOU WILL NEED TO ALSO CHECK THE ID INSURANCE CARRIER BOX, OTHERWISE THE REQUEST CANNOT BE PROCESSED.

Table with 4 columns: ID CARRIER/FLAT FEE \$15 IF NO RESULTS ARE LOCATED, ID POLICY NUMBER, ID POLICY LIMITS, ASSETS. Rows include DOL WITHIN 1 YR., DOL OVER 1 YR. BUT NOT OVER 3, DOL OVER 3 YEARS BUT NOT OVER 10.