

Insurance Trace Form Request

Please email all requests to admin@mea-research.com

****Please Include Accident Report and Insurance Letter if available****

File Name:

Rush Type:

Type of Policy(s) Requested for Trace: Auto Business Auto Homeowners Renters Commercial General Liability (CGL)
 Premises Umbrella Liquor Liability Malpractice Other (Please Explain):

Information Requested: ID Insurance Carrier ID Policy Number ID Liability Limits ID UM/UIM Limits ID Umbrella Insurance Only*

If requesting **Umbrella Only, please include name of Primary Carrier, Policy Number, and Policy Limits. You will be billed for Umbrella Policy Number and Limits if found with the same carrier. If Umbrella Policy is found with a different carrier other than the Primary Carrier, the ID Carrier Fee will also apply.)*

****Requests cannot be processed without an address for the Defendant/Policyholder.****

Request Date:

Law Firm Name: _____ **Date of Loss:** _____

Address: _____ **Contact:** _____

Phone Number: _____ **Email:** _____

Insurance Carrier Name: _____

Agent/Adjuster: _____ **Claim Number:** _____

Policy Number: _____

Umbrella Policy (Underlying limits for above Policy): _____

Policyholder/Defendant is: Policyholder Driver Vehicle Owner Homeowner Other

Policyholder/Defendant Name: _____

Address: _____

Date of Birth: _____ **Phone Number:** _____ **SSN:** _____ **Drivers License Number:** _____

Vehicle Information: _____

Additional Info/Notes: _____

- \$100 CANCEL FEE PER. DEFENDANT WILL APPLY IF THIS ORDER IS CANCELLED WITHIN FIVE (5) BUSINESS DAYS (OR 3 BUSINESS DAYS FOR RUSH ORDERS).
- 24 HOUR RUSH ORDERS CANNOT BE CANCELLED. NON-RUSH REQUESTS ARE USUALLY COMPLETED BETWEEN TEN (10) BUSINESS 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.

Pricing:

Date(s) of Loss	ID Carrier/Policy Existence (\$15 Processing Fee)	Policy Limits	Policy Number	Umbrella Trace (\$15 Processing Fee)	Additional Fees
Within (1) Year from Today's Date	\$300	\$225	\$150	\$450 w/ Carrier	Rush Request \$150
Over (1) Year from Today's Date	\$400	\$275	\$175	\$600 w/ Carrier	24 Hour Rush Request \$300
Over (2) Years from Today's Date	\$500	\$325	\$200	\$650 w/ Carrier	Early Termination Fee \$100

*Umbrella Existence and ID Insurance Carrier have a processing fee of \$25 if no information is found.