MEA RESEARCH SERVICES
INSURANCE REQUEST FORM

PO Box 24308 • 315 W. Valencia Road • Tucson, AZ 85734 | New Requests: admin@mea-research.com

If available, include both the accident report and the insurance letter.

1 REQUEST / CASE INFORMATION

☐ Rush +$100 per Defendant ☐ 24-Hour Rush +$200 per Defendant

DATE OF REQUEST _____ **DATE OF LOSS** _____

CASE OR FILE NAME _____ **LAW FIRM** _____

TEL _____ **EMAIL** _____

MAILING ADDRESS _____

2 POLICY TYPE - CHECK ALL THAT APPLY

☐ Auto ☐ Homeowners ☐ Renters ☐ CGL Business ☐ Premises ☐ Umbrella

☐ Liquor Liability ☐ Malpractice ☐ Other: _____

CAUSE OF INJURY / DEATH (e.g., slip and fall, dog bite, assault, auto) _____

3 INFORMATION REQUESTED - FEES APPLY PER ITEM

☐ Insurance Carrier ☐ Policy Number ☐ Liability Limits ☐ Umbrella Insurance Only ☐ UM/UIM Limits

PRIMARY POLICY LIABILITY LIMITS (required for Umbrella search) _____

4 KNOWN INSURANCE INFORMATION

INSURING CARRIER OF RECORD (not agent) _____

INSURANCE COMPANY MAILING ADDRESS _____

AGENT / ADJUSTER _____ **TEL** _____

POLICY NUMBER _____ **CLAIM NUMBER** _____

5 POLICYHOLDER / DEFENDANT INFORMATION

POLICYHOLDER NAME _____ **DOB / SSN** _____

POLICYHOLDER ADDRESS _____

DEFENDANT NAME _____ **DOB / SSN** _____

DEFENDANT ADDRESS _____

POLICYHOLDER TEL. _____ **DEFENDANT TEL.** _____

☐ Role: Driver ☐ Vehicle Owner ☐ Homeowner ☐ Other: _____

IMPORTANT: Submission of this request constitutes acknowledgment and acceptance of MEA's Terms and Conditions, Disclaimer, Fee Schedule and applicable billing terms available at www.mea-research.com.

For loss dates more than four years old, email laskew@mea-research.com in advance to request a quote.