

INSURANCE TRACE REQUEST FORM

MEA Research Services

315 W. Valencia Road, PO BOX 24308

Tucson, AZ 85734

PLEASE E-MAIL ALL NEW 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/CASE NAME: _____

LAW FIRM 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 UMBRELLA INSURANCE ONLY ____ ID UM/UIM LIMITS ____

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: _____

POLICY HOLDER 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.MEARESEARCH.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:12/01/2024