INSURANCE REQUEST FORM
MEA Research Services
PO Box 24308315 W. Valencia Road,
Tucson, AZ 85734
SEND ALL NEW REQUEST TO: admin@mea-research.com

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

RUSH DELIVERY (ADD'L $100 PER DEF.) _____ 24-HOUR RUSH DELIVERY (ADD'L $200 PER DEF.) _____

DATE OF REQUEST _____/_____/_____ LOSS DATE OR LOSS OR TERM ____/____/_____

CASE/DOCUMENT IDENTIFICATION: _____

LAW FIRM: _____

MAILING ADDRESS: _____

TEL: _____ EMAIL ADDRESS: _____

TO AVOID DELAYS AND ENSURE ACCURATE PROCESSING, PLEASE CHECK ALL POLICY TYPES THAT APPLY TO THIS MATTER.

1. AUTO_____HOMEOWNERS_____RENTERS_____CGL BUSINESS_____ PREMISES_____ UMBRELLA _____
2. LIQUOR LIABILITY_____ MALPRACTICE_____ OTHER [please explain]: _____
3. CAUSE OF INJURY/DEATH (E.G., SLIP AND FALL, DOG BITE, ASSAULT, AUTO): _____

TO ENSURE PROMPT AND ACCURATE PROCESSING, PLEASE CHECK ALL REQUEST TYPES THAT APPLY. FEES APPLY PER ITEM.

1. ID INSURANCE CARRIER_____ ID POLICY NUMBER_____ ID LIABILITY LIMITS_____ ID UMBRELLA INSURANCE ONLY_____ ID UM/UIM LIMITS_____
2. WHEN REQUESTING AN UMBRELLA SEARCH, PLEASE PROVIDE THE LIABILITY LIMITS FOR THE PRIMARY POLICY: $_____

PLEASE IDENTIFY THE INSURING CARRIER OF RECORD (NOT AGENT):

_____

INSURANCE COMPANY MAILING ADDRESS: _____

AGENT OR ADJUSTER: _____ TEL: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

POLICY HOLDER NAME: _____DOB/SSN: _____

POLICY HOLDER ADDRESS: _____

DEFENDANT NAME: _____DOB/SSN: _____

DEFENDANT ADDRESS: _____

POLICY HOLDER TEL.: _____ DEFENDANT TEL.: _____

POLICYHOLDER/DEFENDANT ROLE: DRIVER___ VEHICLE OWNER___ HOMEOWNER___ OTHER___

SUBMISSION OF THIS REQUEST CONSTITUTES ACKNOWLEDGMENT AND ACCEPTANCE OF MEA'S TERMS AND CONDITIONS, DISCLAIMER, INCLUDING ALL APPLICABLE BILLING TERMS.
THE FEE SCHEDULE IS AVAILABLE AT WWW.MEARESEARCH.COM
FOR LOSS DATES MORE THAN FOUR YEARS OLD, PLEASE EMAIL LASKEW@MEA-RESEARCH.COM