



REQUEST FOR TRACING INSURANCE POLICY INFORMATION FORM

PLEASE COMPLETE THE FORM BELOW AND EMAIL A COPY TO Contact@PhantomInvestigators.com IF AVAILABLE, INCLUDE THE POLICE REPORT AND INSURANCE ACKNOWLEDGEMENT LETTER.

Asterisks indicate required fields. Please ensure all fields are completed prior to submission

Standard Service (3-7 Business Days) Rush Service Requested (\$50 Additional Fee - Completed in 72 Hours)

TYPE OF TRACE REQUESTED: Policy Limits Other

REQUESTOR'S DETAILS:

**Request Date **Law Firm

**Attorney Name Contact/Paralegal

**Street Address

**City **State **Zip Code

**Email **Phone **Fax

**Date of Loss **Your Client/File Name

Type of Case (i.e. auto, dog bite, slip & fall, assault, etc.)

TYPE OF COVERAGE BEING SOUGHT

(Please Include Accident Reports and Insurance Acknowledgement Letters if Available)

AUTO BUSINESS AUTO HOMEOWNERS RENTERS

DETAILS ON INDIVIDUAL OR ENTITY BEING TRACED

**Individual /Entitiy Is: DRIVER VEHICLE OWNER HOMEOWNER TENANT

Individual /Entity's Insurance Carrier Policy # Claim#

**Individual First & Last Name/Entity Name

ADDRESS AND DATE OF BIRTH

(Failure to provide an accurate address may result in an additional fee of \$100)

**Individuals/Entitiy's Street Address DOB

City State Zip

Vehicle Info (VIN, Plate #, Make, Model & Year)

Additional Info/Notes