Affiliated Investigations Nevada Corp.

6875-B W. CHARLESTON BLVD STE-B. LAS VEGAS, NV 89117
PHONE #: (702) 684-6547 * FAX #: (702) 982-6229 * EMAIL:CUSTOMERSERVICE@AINCNV.COM

Request Form

PLEASE COMPLETE THE FORM BELOW AND EMAIL TO: ***customerservice@aincnv.com****.*

IF AVAILABLE, PLEASE INCLUDE THE POLICE REPORT AND INSURANCE ACKNOWLEDGEMENT LETTER.

***** (Asterisks indicate required fields. Please ensure all fields are completed prior to submission. Any missing information qualifies as a Complex Search: $25.00 surcharge) *****

Today's Date:	**Rush Process:** ☐ Y ☐ N **(Need results w/in 36 hours: $70.00 surcharge)**

REQUESTOR'S INFORMATION:

**Law Firm/office: Your Client's Name:

**Attorney/Doctor Name: Contact/Paralegal Name:

**Address: [Address/ P.O Box, City, ST ZIP Code]

Email: **Telephone: **Fax:

Type of Case: Auto ☐ Slip & Fall ☐ Dog Bite ☐ Product ☐ Assault ☐ Other ☐

DETAILS ON INDIVIDUAL/ENTITY BEING TRACED

**Date of Loss:	**Individual First Name:	** Individual Last Name:	**Date of Birth:	Police Report: (Y/N)	Vehicle Owner: (Y/N)

Individual/Entity's Street Address (Most Important; at least city and state must be provided**)

Individual/Entity's Insurance Carrier:	Individual/Entity's Policy Number:	Claim Number:	Other:

☐ **Check box if you wish AINC to locate ANY and ALL possible coverage(s). (If box is left unchecked, only the insurance carrier listed above will be researched.)**

**Vehicle Information (VIN, Plate #, Make, Model, and Year):

Additional Information/Notes: (i.e. Vehicle owner's information and Etc.)

P.S. please always send us police report if you have it, thank you.

SIGN

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE AND AGREE TO THE CONTENTS THEREIN

Requestor' signature Date