

**J.F. BREWER & ASSOCIATES**

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WESTFIELD, INDIANA 46074  
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(317) 804-7101 FAX  
J.F.BREWER@COMCAST.NET

DATE: \_\_\_\_\_ PERSON REQUESTING REPORT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CLIENT/INSURED \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

SUBJECT \_\_\_\_\_

LAST KNOWN ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LAST KNOWN EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

DATE OF LOSS \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

**TYPE OF REPORT REQUESTED:**

- WITNESS
- CLIENT                       ADDRESS     ASSET     ACTIVITIES INVESTIGATION
- DEFENDANT
- OTHER

SPECIAL INSTRUCTIONS \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

“AT YOUR SERVICE”