

INSURORS SERVICE BUREAU

Activity Check/Surveillance Assignment Form

Fax 401-233-8129

Date: _____ Email: _____

From: _____ Company: _____

Phone/Ext. _____ Office: _____

ASSIGNMENT TYPE:

___ Activity Check ___ Limited Activity Check ___ Surveillance ___ Special

ASSIGNMENT INFO:

Insured: _____

File #: _____ DOL: _____

Claimant _____

Phone: _____ DOB: _____ SSN: _____

Vehicle: _____

Nature of Injury: _____

Physical Description _____

ASSIGNMENT INSTRUCTIONS: _____