



# NORTH AMERICAN CONSULTANTS, INC.



**Texas Private Security Bureau License # A16282**

## **INVESTIGATIVE UNIT - REQUEST FOR SERVICE**

DATE OF REQUEST: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ ACCT #: \_\_\_\_\_

**CIRCUMSTANCES:** Subject is \_\_\_\_\_ under  
\_\_\_\_\_ for a loss which occurred on \_\_\_\_\_ date.

SUBJECT NAME: \_\_\_\_\_

DOB \_\_\_\_\_

INSURED NAME: \_\_\_\_\_

CLAIM # \_\_\_\_\_

DOL: \_\_\_\_\_

DL/SSN #: \_\_\_\_\_

SUBJECT ADDRESS: \_\_\_\_\_

SUBJECT PH. NUMBER: \_\_\_\_\_

**ACTIVITY CHECK** ☐

LIMITED \_\_\_\_\_ HOURS  
RECORDS Y / N (*CIRCLE ONE*)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**SURVEILLANCE** ☐

**SPECIAL INVESTIGATION** ☐

**LIMITED POINTED VIEW** ☐

**DEPENDENCY CHECK** ☐

**RECORDS CHECK** ☐

DESCRIBE: \_\_\_\_\_

**DOUBLE COVERAGE AFFIDAVIT** ☐

Option 1: ☐

Option 2: ☐

Option 3 (a): ☐

Option 3 (b): ☐

### **OFFICE USE ONLY**

### **METHOD OF ORDERING**

ASSIGNED TO: \_\_\_\_\_ EM P/U BUSINESS CODE: \_\_\_\_\_ NAC \_\_\_\_\_

HOURS WORKED: \_\_\_\_\_ FAX MAIL SALES PRICE: \_\_\_\_\_ TAX \_\_\_\_\_

# PHOTOS: \_\_\_\_\_ SPEC EQUIP CHG: \_\_\_\_\_ MISC \_\_\_\_\_

TRAVEL FEES: \_\_\_\_\_ TOTAL \_\_\_\_\_

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[www.northamericanconsultants.com](http://www.northamericanconsultants.com)