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Case Number: Due Date:
Date: Authorization: Days OR \$

Claim Information

File Name: Date of Loss: Claim/File No:
Claim Type: Workers Comp Liability Jones Act Longshore Other:

Assignment Information

Accident Scene Investigation	AOE/COE Investigations	Process Services	Social Media Investigation
Background Investigations	Crash Data Retrieval	Surveillance	Other: Please explain in the Additional Information box at the bottom of the page.
Locate (witnesses/claimants)	Alive and Well Checks	Witness Statement	

Subject Information

Subject Name: Social Security Number:
Date of Birth: Gender: M F Driver's License Number:
Address:
Vehicles: Injuries:
Description: Phone Numbers:
Race: Caucasian African American Hispanic Asian Other:
Place of Employment: Appointments:

Client

Attorney/Adjuster: Email:
Company: Phone:
Address:
Cc Name: Cc Address: Cc Email:

Billing Information

Name: Address: Email:

Additional Information