

WEATHER INFORMATION REQUEST FORM

CompuWeather makes it simple to initiate requesting our services. You may contact our consultants directly on the phone, by fax using this form, through our web site or by email. Either way, our consultants will contact you to discuss your case and provide you with an immediate quote. Requests are never processed without your approval and all requests are considered confidential.

Phone: 800-825-4445

Fax: 800-825-4441

Email: requests@compuweather.comWeb: www.compuweather.com

TODAY'S DATE: _____

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EXT: _____ FAX: _____

EMAIL: _____ CELL PHONE: _____

THIRD-PARTY BILLING INFORMATION: _____

CASE INFORMATION

INCIDENT / LOSS DATE: _____ TIME: _____ AM PM (circle one)

CASE NAME: _____ FILE #: _____

LOCATION OF INCIDENT / LOSS: (address, intersection, county, nearest town, etc.)

_____TYPE OF INCIDENT / LOSS: (please describe what happened)

_____WHAT ARE YOU TRYING TO DETERMINE / WHAT INFORMATION DO YOU NEED?

WHO DO YOU REPRESENT? ___ Defendant ___ Plaintiff ___ Insured ___ Other ___ Self

DATE INFORMATION IS NEEDED BY? _____ (rush charges apply to 4 days or less)

WOULD YOU LIKE US TO SEND YOU AN UPDATED LITERATURE PACKAGE? ___ YES ___ NO