



Date of Injury: ____/____/____

Client: _____

IMPORTANT:

We must have the information in this survey to complete your claim!

Please complete this survey and return it to us within the next **10 days**.

PRE-ACCIDENT SURVEY #2

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1. MILITARY HISTORY

1.1 Military Background

Have you ever been in the military service: Yes No If yes, dates: _____ to _____

Type of discharge received: Honorable Dishonorable Other: _____

Do you have a Veterans Administration Number: Yes No If yes, number: _____

Have you ever been rejected for military service because of physical or other reasons: Yes No

If yes, please explain: _____

2. EDUCATIONAL BACKGROUND

2.1 Schools / Training

High School: _____ City: _____ State: _____

Years Attended: From: ____/____/____ To: ____/____/____ Graduated: Yes No

College-University: _____ City: _____ State: _____

Years Attended: From: ____/____/____ To: ____/____/____ Graduated: Yes No

Business School: _____ City: _____ State: _____

Years Attended: From: ____/____/____ To: ____/____/____ Graduated: Yes No

Technical Training: _____ City: _____ State: _____

Years Attended: From: ____/____/____ To: ____/____/____ Graduated: Yes No

3. LITIGATION HISTORY

3.1 Police Record

Have you ever been arrested? Yes No

If yes, please give the following: Date: ____/____/____ County: _____ State: _____

Criminal Charge: _____

Have you ever been convicted? Yes No If so of what crime? _____

Is there now or has there ever been any restriction on your driver's license: Yes No

If yes, please give the details: _____

Reason for restriction: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please give the details: _____

Date of Suspension/Revocation: Date: ____/____/____ Reason: _____

Have you ever received any traffic tickets: Yes No If yes, please furnish the following information:

Nature of Traffic Ticket: _____ Date: ____/____/____

What was done about it: _____

Nature of Traffic Ticket: _____ Date: ____/____/____

What was done about it: _____

Nature of Traffic Ticket: _____ Date: ____/____/____

What was done about it: _____

4. CLAIMS AND COURT CASES

4.1 Claims & Court Cases

Have you ever made a claim for a work-related injury at any time: Yes No If yes, complete following:

Date: ____/____/____ Injury(s): _____

Employer: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Settlement received or outcome: _____

Have you ever filed a claim for Social Security Disability benefits: Yes No If yes, complete following:

Date: ____/____/____ Claim Number: _____

Injury of medical condition you claimed was disabling: _____

Outcome: _____

Have you ever made a claim as a result of an automobile accident: Yes No If yes, complete following:

Date: ____/____/____ City: _____ State: _____

Description of accident: _____

Injuries you received: _____

Amount received or outcome of claim: _____

Have you ever received a veteran's pension or benefits: Yes No If yes, please complete following:

Date: ____/____/____ Claim Number, if any: _____

Reason: _____

Outcome of claim: _____

Have you made any claims at any time for benefits from any other source? Yes No

(Disability insurance, unemployment benefits, etc.) If yes, please state as follows:

Benefits sought: _____

Date: ____/____/____ Result: _____

Benefits sought: _____

Date: ____/____/____ Result: _____

5. RELIGIOUS/FRATERNAL/SPECIAL AFFILIATIONS

5.1 Religious and Fraternal Information

Religious affiliation: _____

Name of your clergyman: _____

Please list any memberships in Church Organizations, Lodges, Fraternal Organizations, Other Memberships, Public Offices Held, etc. (Include past or present affiliations)

Organization: _____

Organization: _____

Organization: _____

Member of any Union: Yes No If yes, please list:

Name: _____ Local Number: _____

6. HOBBIES AND SPECIAL INTERESTS

6.1 Hobbies / Special Interests

Please list any Hobbies you have:

Please list any Special Interests you have:
