



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**

1. Military History	Section
Military Background	1.1
2. Educational Background	Section
Schools/Training	2.1
3. Litigation History	Section
Police Record	3.1
4. Claims and Court Cases	Section
Claims and Court Cases	4.1
5. Religious/ Fraternal/ Special Affiliations	Section
Religious and Fraternal Information	5.1
6. Hobbies and Special Interests	Section
Hobbies/Special Interests	6.1

## 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:

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Please list any Special Interests you have:

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