

IMPACT GENERAL, INC.

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PREMISES LIABILITY, SAFETY, SLIP/TRIP AND FALLS
Request for Analysis

**Safety, ADA, OSHA, UBC, Slip/Trip, Coefficient of Friction, Construction Defects,
Biomechanics, Human Factors, Physics**

Insured: _____ **Claimant:** _____
Claim Number: _____ Date & Time of Loss: _____
Adjuster: Mr. Ms. _____ Phone No.: _____
Firm Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Please address report and invoice to: Mr. Ms. _____
E-mail: _____
Shipping Address (if different from above): _____

Loss/Site Location:

Commercial Site *Residential Site*
Location Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____

Assignment:

Trip & Fall Slip & Fall Other

Provide a detailed description of loss: _____
Analysis Requested: _____

Special Requests:

Time and/or Cost constraints: _____
Other: _____

DOCUMENTS SUBMITTED:

Statements(s)/Deposition(s) Scene Photographs
 Medical Records Other _____