



**Gittings Private Investigations and Security, Inc.**

120 North Center Street, Ebensburg, PA 15931  
 (800) 453-0534 FAX (814) 472-8846  
 www.GittingsPI.com info@GittingsPI.com

Offices in Altoona / Johnstown, Pittsburgh, Harrisburg & Erie

Upon completion, please either email this form to [dhgittings@gittingspi.com](mailto:dhgittings@gittingspi.com) or [rschirf@gittingspi.com](mailto:rschirf@gittingspi.com) or fax this form to (814) 472-8846. (Note: We will confirm receipt of the assignment.)

(Note that all fields are **not** required)

<b>Client Information:</b>	
Referring Carrier	
Point of Contact	
Mailing Address	
City, State, Zip	
Telephone Number	
Email Address	
<b>Claimant Information:</b>	
Claimant Name	
Street / Mailing Address	
City, State, Zip Code	
Social Security Number	
Date of Birth	
Telephone	
Is claimant represented?	Y / N
Type of Injury	
Relevant medical restrictions:	
Is the claimant working light duty:	Y / N
If so, what shift:	
Date of Loss	
Your Claim Number	
Insured	
Description (if available)	
Type of Assignment	<input type="checkbox"/> Activities Assessment <input type="checkbox"/> Surveillance Services <input type="checkbox"/> Claimant Transport <input type="checkbox"/> Other
Initial Authorization / Special Instructions	



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Comments	