



## Case File Contents Checklist

<input type="checkbox"/>	<b>Insurance Records Documentation</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Immunity Statute letter</li><li><input type="checkbox"/> Insurance Application</li><li><input type="checkbox"/> Binder</li><li><input type="checkbox"/> Policy</li><li><input type="checkbox"/> Declarations Sheet</li><li><input type="checkbox"/> Notice of Loss</li><li><input type="checkbox"/> Proof of Loss</li><li><input type="checkbox"/> Adjuster's Report</li><li><input type="checkbox"/> Special Investigative Unit report</li><li><input type="checkbox"/> Database search results</li><li><input type="checkbox"/> Communications with insurance company</li></ul>
<input type="checkbox"/>	<b>Financial Records</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li></ul>
<input type="checkbox"/>	<b>Medical Records</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li><li><input type="checkbox"/> Name of Party: _____</li></ul>
	<b>Other Records and Database Searches (i.e., NCIC)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul>
<input type="checkbox"/>	<b>Newspaper Clippings and Media Coverage</b>