

**IMPACT GENERAL, INC.**

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[www.impactgeneral.com](http://www.impactgeneral.com)

Send to: [assignments@impactgeneral.com](mailto:assignments@impactgeneral.com)

***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 \_\_\_\_\_