



ML RESEARCH GROUP

* 2322 S. McClintock Drive, Tempe, Arizona 85282 * Toll Free (800) 253- 9022 * Fax (480) 237-1179 *
* www.mlresearchgroup.com * inquiries@mlresearchgroup.com *

REQUEST FOR TRACING INSURANCE POLICY INFORMATION FORM

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

TYPE OF TRACE(S) REQUESTED: **Rush Service Requested?** Yes No (Additional \$75.00 fee)
_____ **Policy Existence (\$298*)** _____ **Policy Limits (\$198*)** _____ **Policy Number (\$148*)**
** please refer to our fee schedule for a detailed pricing description*

REQUESTOR'S DETAILS:

Request Date: _____/_____/_____ **Law Firm:** _____

Attorney Name: _____ **Contact Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Telephone:** _____ **Fax:** _____

Date of Loss: _____/_____/_____ **File Name:** _____

Type of Case: (i.e. auto / dog bite/ slip & fall/ assault / product / malpractice / etc Please explain the nature of the case)

TYPE OF COVERAGE BEING SOUGHT: (please indicate your selection by placing a "X")

_____ **Homeowners** _____ **Renters** _____ **Business** _____ **Auto** (Include Accident Report)
_____ **Product** _____ **Professional Malpractice** _____ **Premises** _____ **Business Auto**
_____ **Errors & Omissions** _____ **Directors & Officers** _____ **Umbrella** (Include Correspondence From Ins. Carrier)

DETAILS ON INDIVIDUAL/ENTITY BEING TRACED:

Individual/Entity is: _____ **Driver** _____ **Vehicle Owner** _____ **Home Owner** _____ **Business**

_____ **Doctor** _____ **Lawyer** _____ **Tenant** _____ **Other** _____

Individual/Entity's Insurance Carrier: _____

Individual/Entity's Policy Number: _____ **Claim Number:** _____

Individual/Entity's First Name: _____ **Last Name:** _____

Individual/Entity's Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone:** _____

SSN: _____ **Individual/Entity's Birth Date:** _____/_____/_____

Notes: _____



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TERMS AND CONDITIONS NOTICE REGARDING INSURANCE TRACING REQUESTS

FEES & BILLING

OUR TERMS OF BUSINESS are net fifteen (15) days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per policy researched and will apply where a policy or a Self Insurer fails to provide coverage, for any reason (i.e. policy exclusions); unless the reported policy for Self Insurance was not in effect on the date of loss.

EXCEPTIONS TO THE SET FEES may apply in cases involving lengthy research due to the age of the case. In these situations we will clearly outline any additional charges that will apply and will seek your approval in writing prior to our commencing the work.

IN SITUATIONS WHERE INCOMPLETE OR INACCURATE information has been provided to our office at the commencement of the trace, we will do our best to notify you of any additional fees that may become applicable as a result.

FOR CASES 10 YEARS or older, contact our office for a quote PRIOR to submitting your request.

THERE IS NEVER A CHARGE to you if we are unable to identify the insurer, policy number or policy limits on the date of loss. However, when requesting a limits only search, we will assume that you have already confirmed that the policy was in effect on the date of loss. As such, we will report the limits of the policy on the date of loss provided. Otherwise, we will report the limits of the policy as ZERO (0) indicating the policy was not in effect on the date of loss. You will be invoiced, regardless. The only time there will not be an invoice for a LIMITS ONLY search, is if we are unable to obtain the limits of the policy that was indeed in effect on the date of loss.

SHOULD WE OBTAIN ONLY PART OF THE INFORMATION REQUESTED, you will be invoiced only for that portion of the request. (i.e. Your request to us is to identify the insurer, policy number and policy limits. However, if we are only able to identify the insurer, you will only be invoiced for the portion of information provided.)

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of ten (10) business days. The RUSH fee is charged per Defendant (i.e. A request is received on one case seeking insurance details on three Defendants, the invoice will indicate the Rush fee three (3) times.)

TERMINATION of a submitted request will result in a \$100 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

TO AVOID BEING INVOICED for policies already known to exist, please indicate the policy information on the Request form when submitting your request. We have no way of knowing what policy(s), if any, you are aware of, unless they are made known to us at the time of your request submission. Policies noted on police reports are not considered valid policies, so we do not interpret them as known policies unless you specifically advise us that they are valid.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be valid.

DEFINITIONS

INSURER shall be defined as the Carrier, Agent, Broker or a Defendant who is found to be Self Insured.

DATE OF LOSS shall be defined as the date provided on the Request Form. However, if a loss period is given, then the loss date shall be defined as any date during the reported loss period.

POLICY EXISTENCE/IDENTIFYING THE INSURER shall be defined as providing the client with a name, address and telephone number of the Insurer insuring the named Defendant on the loss date specified. Should the Insurer no longer be in business, we will provide you with the Insurer name and last known address on record when their business operations ceased.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our research is fifteen (15) business days.

SEARCHES ARE PERFORMED under the Defendant name(s) only. Policies found, may or may not cover the target vehicle or property owned/operated by the Defendant. The client will be invoiced in accordance with the Fee Schedule.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

WHEN REQUESTING THE POLICY LIMITS TRACE of an established policy, you must include the policy number and/or claim number and ANY correspondence from the Insurance Carrier.

WHEN REQUESTING A POLICY EXISTENCE TRACE, please note that fees will still apply in situations where a policy is located for the stated defendant(s), on the loss date, but the located policy fails to provide coverage for any reason.

DISCLAIMER

ML Research Group uses reasonable care to obtain accurate and up to date information from sources considered reliable. It is believed that all information provided is accurate, however the ML Research Group makes no warranty or guarantee, either expressed or implied, that the information provided herein is correct, since the information has been obtained from supplementary sources. You should not make a decision to proceed based solely upon the information provided herein, but should also use reasonable care and utilize other sources of information that are available to you in order to make your decision as to how to proceed.



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REQUEST FOR TRACING BANK ACCOUNT/LIQUID ASSETS

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

FEE:

Our fee is \$348 per bank (and includes details for up to 10 accounts located at each bank)

If you wish to place a cap on the number of banks that we report to you, please note that number here _____

If a number is not provided, we will report ALL banks located with accounts and invoice accordingly.

THE INFORMATION YOU WILL RECEIVE, INCLUDES:

* BANK NAME & ADDRESS * TELEPHONE NUMBER(S) * ACCOUNT NUMBER(S) * SIGNOR(S) * CURRENT BALANCE(S)

TURN-AROUND TIME: 3-5 Business days

Rush Service Requested? _____ No _____ Yes (Additional \$75.00 fee)

REQUESTOR'S DETAILS:

Request Date: ____/____/____ **Law Firm:** _____

Attorney Name: _____ **Contact Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

Telephone: _____ **Fax:** _____

File Name/Firm Reference Number: _____

Any additional pertinent information or instructions: _____

DETAILS ON THE INDIVIDUAL/ENTITY BEING TRACED:

Individual/Entity's First Name: _____ **Last Name:** _____

Individual/Entity's Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone:** _____

SSN/FEIN# : _____ **Individual/Entity's Birth Date:** ____/____/____

WE ALSO LOCATE:

STOCKS, BONDS, TRUST ACCOUNTS & OFFSHORE ACCOUNTS

EMAIL US FOR DETAILS inquiries@mlresearchgroup.com



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TERMS AND CONDITIONS NOTICE REGARDING TRACING BANK ACCOUNTS/LIQUID ASSETS REQUEST

FEES & BILLING

OUR TERMS OF BUSINESS are net 15 days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per bank researched and includes detail for up to ten (10) accounts located at each bank

IN SITUATIONS WHERE INCOMPLETE OR INACCURATE information has been provided to our office at the commencement of the trace, we will do our best to notify you of any additional fees that may become applicable as a result.

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of seven (7) business days.

TERMINATION of a submitted request will result in a \$348 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

TO AVOID BEING INVOICED for accounts already known to exist, please indicate the account information on the Request form when submitting your request. We have no way of knowing which account(s), if any, you are aware of, unless they are made known to us at the time of your request submission.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be valid.

DEFINITIONS

BANK INFORMATION shall be defined as the bank name, address, telephone, account number(s), type of account, name(s) on account and current balances.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our research is ten (10) business days.

SEARCHES ARE PERFORMED under the name and social security number only.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

DISCLAIMER

ML Research Group uses reasonable care to obtain accurate and up to date information from sources considered reliable. It is believed that all information provided is accurate, however the ML Research Group makes no warranty or guarantee, either expressed or implied, that the information provided herein is correct, since the information has been obtained from supplementary sources. You should not make a decision to proceed based solely upon the information provided herein, but should also use reasonable care and utilize other sources of information that are available to you in order to make your decision as to how to proceed.



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REQUEST FOR COMMERCIAL/PERSONAL ASSET REPORT

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

FEE:

____ Personal Asset Report (\$298) ____ Married Asset Report (\$398) ____ Commercial Asset Report (\$298)

Rush Service Requested? ____ No ____ Yes (Additional \$75.00 fee)

REQUESTOR'S DETAILS:

Request Date: ____/____/____ Law Firm: _____

Attorney Name: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Telephone: _____ Fax: _____

Date of Loss: ____/____/____ File Name: _____

DETAILS ON INDIVIDUAL/ENTITY BEING TRACED:

Individual/Entity's First Name: _____ Last Name: _____

Individual/Entity's Street Address: _____

City: _____ State: _____ Zip: _____

Individual/Entity's Birth Date: ____/____/____ Individual SSN/Entity's FEIN: _____

Home Telephone: _____ Work Telephone: _____

CONTENTS INCLUDED IN A PERSONAL ASSET REPORT:

- * Personal Information * Real Property * Motor Vehicles * Corporation & Fictitious Names *
- * Boat Registrations * Tangible Property * Unclaimed Property * Worker's Compensation Claims *
- * National Liens, Judgments & Bankruptcies * National UCC Lien Filings * Professional Licenses *
- * FAA Aircraft Registrations * Personal Articles * Itemized Debts * Itemized Assets * Total Net Worth *

CONTENTS INCLUDED IN A COMMERCIAL ASSET REPORT:

- * Corporation Information * Real Property * Motor Vehicles * Associated Corporations & Fictitious Names *
- * Boat Registrations * Tangible Property * Unclaimed Property * Worker's Compensation Claims *
- * National Liens, Judgments & Bankruptcies * National UCC Lien Filings * FAA Aircraft Registrations *
- * Sales Volume * Miscellaneous Corporate Information *



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TERMS AND CONDITIONS NOTICE REGARDING COMMERCIAL/PERSONAL ASSET REPORT REQUEST

FEES & BILLING

OUR TERMS OF BUSINESS are net 15 days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per report.

EXCEPTIONS TO THE SET FEES may apply in cases involving a married couple report or any reports for individuals/entities outside of the USA. In these situations we will clearly outline any additional charges that will apply and will seek your approval in writing prior to our commencing the work.

IN SITUATIONS WHERE INCOMPLETE OR INACCURATE information has been provided to our office at the commencement of the trace, we will do our best to notify you of any additional fees that may become applicable as a result.

FOR CASES 10 YEARS or older, contact our office for a quote PRIOR to submitting your request.

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of ten (10) business days. The RUSH fee is charged per report requested.

TERMINATION of a submitted request will result in a \$100 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be invalid.

DEFINITIONS

DATE OF LOSS shall be defined as the date provided on the Request Form. However, if a loss period is given, then the loss date shall be defined as any date during the reported loss period.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our report is fifteen (15) business days.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

DUE TO CURRENT PRIVACY LAWS, asset information related to accounts held at financial institutions, including but not limited to banks and credit unions, are not included as part of our report.

SOME JURISDICTIONS impose restrictive access to certain Department of Motor Vehicle records related to motor vehicle ownership and driver's license information. When such information is not available it will be noted as such in the final report.

DISCLAIMER

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REQUEST TO IDENTIFY ADULT HOUSEHOLD RESIDENT(S)

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

Fee: \$68

Our fee is based per adult household resident identified. We have no accurate means of ascertaining the relationship between a policy holder and the Defendant. Therefore, auto policy holders identified may or may not be related to the Defendant.

Rush Service Requested? _____ No _____ Yes (Additional \$75.00 fee)

REQUESTOR'S DETAILS:

Request Date: ____/____/____ **Law Firm:** _____

Attorney Name: _____ **Contact Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Telephone:** _____ **Fax:** _____

Date of Loss: ____/____/____ **File Name:** _____

DEFENDANT BEING TRACED:

Individual/Entity's First Name: _____ **Last Name:** _____

Individual/Entity's Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Individual/Entity's Birth Date: ____/____/____ **Individual's SSN/Entity's FEIN:** _____

Home Telephone: _____ **Work Telephone:** _____

List any names of current residents and potential auto policy holders at the address mentioned above to avoid any fees for residents you are currently aware of:

THE INFORMATION YOU WILL RECEIVE IN A SUCCESSFUL TRACE SITUATION, INCLUDES:

** Complete First and Last Name * Date of Birth* Social Security Number (when available) **



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TERMS AND CONDITIONS NOTICE REGARDING IDENTIFYING ADULT HOUSEHOLD RESIDENT REQUEST

FEES & BILLING

OUR TERMS OF BUSINESS are net 15 days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per resident identified.

FOR CASES 10 YEARS or older, contact our office for a quote PRIOR to submitting your request.

THERE IS NEVER A CHARGE to you if we are unable to identify any adult household residents.

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of ten (10) business days.

TERMINATION of a submitted request will result in a \$50 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

TO AVOID BEING INVOICED for persons already known to exist at the same household, please indicate the information on the Request form when submitting your request. We have no way of knowing which person(s), if any, you are aware of, unless they are made known to us at the time of your request submission.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be valid.

DEFINITIONS

ADULT HOUSEHOLD RESIDENT shall be defined as a person 18 years or older residing at the same address as the Defendant. We have no means of ascertaining the relationship between a household resident and the Defendant. Therefore, residents identified may or may not be related to the Defendant. The focus of our service is to identify the

DATE OF LOSS shall be defined as the date provided on the Request Form. However, if a loss period is given, then the loss date shall be defined as any date during the reported loss period.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our research is fifteen (15) business days.

SEARCHES ARE PERFORMED based on the address given.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

DISCLAIMER

ML Research Group uses reasonable care to obtain accurate and up to date information from sources considered reliable. It is believed that all information provided is accurate, however the ML Research Group makes no warranty or guarantee, either expressed or implied, that the information provided herein is correct, since the information has been obtained from supplementary sources. You should not make a decision to proceed based solely upon the information provided herein, but should also use reasonable care and utilize other sources of information that are available to you in order to make your decision as to how to proceed.



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REQUEST TO CONDUCT PERSON/BUSINESS LOCATE

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

Fee: \$68

Our fee is based per person/business located. Early termination for any reason will result in a \$50 Termination Fee. No exceptions will be made.

Rush Service Requested? _____ No _____ Yes (Additional \$75.00 fee)

REQUESTOR'S DETAILS:

Request Date: ____/____/____ **Law Firm:** _____

Attorney Name: _____ **Contact Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Telephone:** _____ **Fax:** _____

Date of Loss: ____/____/____ **File Name:** _____

PERSON/BUSINESS BEING LOCATED:

Individual/Entity's First Name: _____ **Last Name:** _____

Individual/Entity's Birth Date: ____/____/____ **Individual SSN/Entity's FEIN:** _____

Home Telephone: _____ **Work Telephone:** _____

List any previous names and/or addresses that you are aware of:

NOTE: When possible, please fax copies of any police reports or other useful details or documents.

THE INFORMATION YOU WILL RECEIVE IN A SUCCESSFUL TRACE SITUATION, INCLUDES:

* Full First and Last Name * Current Address *

Any address reported is guaranteed to be current on the day we report it.

If the subject is deceased, all pertinent information will be reported.



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TERMS AND CONDITIONS NOTICE REGARDING PERSON/BUSINESS LOCATE REQUESTS

FEES & BILLING

OUR TERMS OF BUSINESS are net 15 days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per person/business located.

EXCEPTIONS TO THE SET FEES may apply in cases involving lengthy research due to the age of the case and whether the person/business being located is outside of the USA. In these situations we will clearly outline any additional charges that will apply and will seek your approval in writing prior to our commencing the work.

IN SITUATIONS WHERE INCOMPLETE OR INACCURATE information has been provided to our office at the commencement of the trace, we will do our best to notify you of any additional fees that may become applicable as a result.

FOR CASES 10 YEARS or older, contact our office for a quote PRIOR to submitting your request.

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of ten (10) business days. The RUSH fee is charged per person/business requested.

TERMINATION of a submitted request will result in a \$50 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be valid.

DEFINITIONS

DATE OF LOSS shall be defined as the date provided on the Request Form. However, if a loss period is given, then the loss date shall be defined as any date during the reported loss period.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our research is fifteen (15) business days.

LOCATES ARE PERFORMED under the individual/business name. When conducting a person search a social security number and/or date of birth should be provided. When conducting a business search a Federal Employer Identification Number (FEIN) should be provided.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

DISCLAIMER

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REQUEST TO IDENTIFY NURSING HOME OWNERSHIP

BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ OUR TERMS AND CONDITIONS NOTICE ATTACHED TO THIS REQUEST FORM (ALSO AVAILABLE ON OUR WEB SITE) AND AGREE TO ITS CONTENTS THEREIN.

Fee: \$98

The fee structure is per corporate entity of ownership identified. Please see the attached Fee Schedule Clarification for specific details. Early termination for any reason will result in a \$50 Early Termination fee. No exceptions will be made.

Rush Service Requested? _____ No _____ Yes (Additional \$75.00 fee)

REQUESTOR'S DETAILS:

Request Date: ____/____/____ **Law Firm:** _____

Attorney Name: _____ **Contact Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Telephone:** _____ **Fax:** _____

Date of Loss: ____/____/____ **File Name:** _____

NURSING HOME BEING IDENTIFIED:

Entity's Name: _____

Entity's Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Entity's Federal Employer Identification Number (FEIN): _____

Work Telephone: _____

INFORMATION RECEIVED PER TIER OF OWNERSHIP IDENTIFIED:

** Corporate Name * Current Address * Telephone Number **

Please note: Should the corporation no longer be in business, the last known address and phone numbers will be given.



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IDENTIFY NURSING HOME OWNERSHIP FEE SCHEDULE CLARIFICATION

Introduction:

It has become more prevalent that nursing homes are attempting to conceal their corporate structure under well-planned veils. Thus, identifying nursing home ownership has become increasingly more difficult.

As a result, the ML Research Group utilizes industry experts who have extensive backgrounds and years of experience in nursing home management.

Fee Schedule Clarification:

The fee structure is based per corporate entity of ownership identified. The following is an example of how the fees would be invoiced.

1. NURSING HOME is solely owned by a California Corporation called ABC, Inc. and there are no other horizontal or vertical levels of ownership. The fee would be \$98, as we have identified ONE corporate entity.
2. NURSING HOME is jointly owned by a California Corporation called ABC, Inc. and a Texas Corporation called XYZ, Inc. and there are no other horizontal or vertical levels of ownership. The fee would be \$196, as we have identified TWO corporate entities.
3. NURSING HOME is solely owned by a California Corporation called ABC, Inc. and there are no other horizontal or vertical levels of ownership; however the California Corporation is owned by a Michigan Corporation called DEF, Inc. and there are no other horizontal or vertical levels of ownership; however, the Michigan Corporation is owned by an IBC (International Business Corporation) in the Bahamas called JKL, Inc. and there are no other horizontal or vertical levels of ownership. The fee would be \$294, as we have identified THREE corporate entities.

The information you will receive per tier of ownership identified includes:

- Corporate Name
- Current Address
- Telephone Number

If the corporation is no longer in business, the last known address and phone numbers will be provided and invoiced accordingly.



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* www.mlresearchgroup.com * inquiries@mlresearchgroup.com *

TERMS AND CONDITIONS NOTICE REGARDING IDENTIFY NURSING HOME OWNERSHIP REQUEST FEES & BILLING

OUR TERMS OF BUSINESS are net 15 days, unless prior arrangements have been made. The fifteen (15) days begins from the date your office receives the faxed report and invoice from us. Invoices not paid within twenty (20) days are subject to a ten dollar (\$10) per day penalty, with no ceiling on the number of penalty days. Invoices not paid within ninety (90) days will result in collections actions and the pursuit of legal remedies that may be available.

FEES QUOTED on the Request Form are per corporate entity identified.

EXCEPTIONS TO THE SET FEES may apply in cases involving lengthy research due to the age of the case. In these situations we will clearly outline any additional charges that will apply and will seek your approval in writing prior to our commencing the work.

IN SITUATIONS WHERE INCOMPLETE OR INACCURATE information has been provided to our office at the commencement of the trace, we will do our best to notify you of any additional fees that may become applicable as a result.

FOR CASES 10 YEARS or older, contact our office for a quote PRIOR to submitting your request.

THERE IS NEVER A CHARGE to you if we are unable to identify any corporate entities.

ALL RUSH cases are placed ahead of all NON RUSH cases, however, the RUSH fee is waived when the requested information is not obtained or if the investigation has taken in excess of ten (10) business days.

TERMINATION of a submitted request will result in a \$50 Termination fee. Terminations or any changes to the initial Request Form must be faxed to our office immediately. Verbal requests cannot be accepted.

TO AVOID BEING INVOICED for any corporate entities already known to exist, please indicate the information on the Request form when submitting your request. We have no way of knowing what information you are aware of unless it is made known to us at the time of your request submission.

DISPUTES OF FEES must be brought to our attention within ninety (90) days from the date of invoice or they shall be deemed to be valid.

DEFINITIONS

CORPORATE ENTITY shall be defined as the any business or corporation associated with the specific nursing home requested.

DATE OF LOSS shall be defined as the date provided on the Request Form. However, if a loss period is given, then the loss date shall be defined as any date during the reported loss period.

TERMINATION shall be defined as the termination or cancellation of any search or request at any point following our receipt of the request.

PROCESS

AVERAGE TURNAROUND time for our research is fifteen (15) business days.

ALL RESULTS will be faxed to the client immediately upon completion of our research with an applicable invoice.

DISCLAIMER

ML Research Group uses reasonable care to obtain accurate and up to date information from sources considered reliable. It is believed that all information provided is accurate, however the ML Research Group makes no warranty or guarantee, either expressed or implied, that the information provided herein is correct, since the information has been obtained from supplementary sources. You should not make a decision to proceed based solely upon the information provided herein, but should also use reasonable care and utilize other sources of information that are available to you in order to make your decision as to how to proceed.