



State of Delaware
Department of Workers' Compensation

Date: _____

I, _____, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Delaware Department of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth _____

Signature: _____