



State of Indiana
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 Indiana Department of Workers Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____