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## Applicant Information

Name: **TEST, MARY** Address: 134 SOUTH TAMPA ST  
SSN: 123-65-4789 TAMPA, FL 33602  
DOB: 01 Jan 1970  
Position: ROOFER  
Acct Code: LAKE  
Status: **COMPLETED** Preferred Delivery Method: E-Mail

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1 of 1 Orders have been completed. (100.00%)

This report contains **FLAGGED** Orders.

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## Services Ordered

### WORKERS COMPENSATION

**FLAGGED ORDER**

Order: 5493213

#### Result:

1 CLAIM WAS FOUND THAT MATCHES YOUR CRITERIA  
STATUS: CLOSED

#### CLAIMANT INFORMATION

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DOA: 06/06/2000  
TIME OF ACC: 13:00  
OCCUPATION: PROSPECT LEADERMAN

#### ACCIDENT INFORMATION

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DATE OF ACCIDENT: 06/06/2004  
TIME OF INJURY: 13:00  
COUNTY: POLK  
ZIP CODE: 33841-0000  
RISK CLASS: 8810 ( CLERICAL OFFICE EMPL )  
CAUSE OF INJURY: STEPPING ON NAIL  
MMI DATE: 03/21/2004

#### EMPLOYER INFORMATION

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PARENT COMPANY:  
EMPLOYER NAME: ABC COMPANY  
SIC: 5169 ( CHEMICALS & ALLIED P )  
EMPLOYER WC NUM: 999999999  
EMPLOYER NOTIFIED DATE: 06/07/2004  
DATE EMPLOYED: 00/00/0000  
LAST DATE WORKED: 07/31/2004

Request from: MAF Background Screening  
Request by: Test Customer

Name: TEST, MARY  
SS#: 123-65-4789  
Profile No: 2005110400002423

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**Services Ordered**  
**WORKERS COMPENSATION**

CARRIER INFORMATION  
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CARRIER NAME: AAAA NATIONAL INSURANCE CO  
CARRIER NUM: 00773 AAAA NATIONAL INSURANCE CO )  
ADDRESS: P.O. BOX 999 ORLANDO , FL 32802-0715  
PHONE: (407)999-9999  
CARRIER SERVICE AGENT: 09999 (AMERICAN COMPANY LLC) NAME: AMERICAN COMPANY LLC  
CARRIER NOTIFIED DATE: 00/00/0000  
POLICY NUMBER:

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End of Report