



Delaware



State of Delaware
Department of Workers' Compensation

Date:

I, _____, am authorizing aINSIGHT 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:

