



Minnesota



Attention: Cheryl, Copy File Clerk  
Department of Labor and Industry

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 Minnesota Department of Labor and Industry, in compliance with the Federal American Disabilities Act.

The above search is a condition of future employment with \_\_\_\_\_

Please forward any and all results, as well as copies of claims and dispositions to the following address.

Eli Gonzalez  
1-800-245-2318 ext. 2198  
AINSIGHT  
P.O.Box 458  
New Port Richey, FL. 34656-0458

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

