



**T I M N U L L
R A T I N G S E R V I C E S**

23890 Copper Hill Dr., Suite 523
Valencia, Ca 91354
Phone 661-313-3768 Fax: 661-295-8441

www.pdrating.com

Rating Request Form

Case Information	Attorney Information	
Date:	<input type="checkbox"/> applicant attorney <input type="checkbox"/> defense attorney	
Employee:	Name:	
DOB:	Firm:	
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Occupation:	Address:	
DOI:	City, State:	zip
Claim #:	Phone:	
Adjuster Name Ins Co:	Fax:	
Adjuster email:	E-Mail:	
Notes to Rater:	<input type="checkbox"/> Old Schedule <input type="checkbox"/> AMA Rating	
	Return Rating via: <i>(please indicate)</i> <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <i>(pdf)</i>	
	<input type="checkbox"/> Super Rush <input type="checkbox"/> Regular Rush <i>\$75.00 - One business Day \$50.00 - 3 Business Days</i>	