



**TIM NULL
RATING SERVICES**

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www.pdrating.com

Rating Request Form

Case Information	Insurance Company Information
Date:	Adjuster:
Applicant:	Company Name:
DOB	Address:
Occupation	Address:
Employer:	City, State: zip
DOI	Phone:
Claim#	Fax:
Litigated? Yes No	E-Mail:
Notes to Rater:	Old Schedule AMA Rating
	Return Rating via: <i>(please indicate)</i> Mail Fax E-mail <i>(pdf)</i>
	Super Rush ___ Regular Rush <i>\$75.00 One business Day</i> <i>\$50.00 Three Business Days</i>