



The Madison Group
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www.madisongroup.com

Failure Analysis Request Form for Case/Claim # _____

Please include this two-page form with the shipment to The Madison Group at the address above.

_____ (Your Company Name) requests The Madison Group to perform activities in connection with the below-referenced matter. Your company is hiring The Madison Group to perform an objective analysis on the enclosed articles, and your company agrees to pay The Madison Group for performing these services, regardless of the conclusion expressed in the report.

The Madison Group:

- Will perform professional services in a fair, honest, and objective fashion;
- Will base findings on the standards generally accepted within our area of expertise and within accordance of the industry's professional and ethical guidelines;
- Warrants that the opinions expressed in the report are our own, based on the facts of the specific case, and will testify in support of the conclusions contained in the report;
- Agrees to keep confidential all information regarding this matter, unless applicable law or regulation requires disclosure of such information;
- Agrees not to delegate, subcontract, or assign this matter to another party without prior approval.
- Will not use customer information provided by your company for any purpose other than the specific services you are requesting us to perform.

Your Company:

- Will disclose all the information necessary for us to accomplish the services you are requesting;
- Agrees to pay for services rendered, including applicable taxes. Upon payment, all documentation produced by The Madison Group shall become the property of your company.

Please select from the following Failure Analysis Options:

Non-Destructive Testing

Destructive Testing

Other

Please contact me before performing analysis

Failure Analysis Request Form for Case/Claim # _____

*Please include this two-page form with shipment to The Madison Group at the address above.
Make sure all pieces of evidence are labeled with the case/claim number.*

Company Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Phone Number: _____ Ext: _____ Fax: _____
Email: _____

Please contact me before performing analysis

Case/Claim Number: _____
Insured or Clients Name: _____
Date of Loss: _____ Zip Code of Loss: _____
Item Name or Description: _____
Date Placed in Service: _____
Other Relevant Information: _____

Report and Invoice Format: _____ Hard Copy _____ PDF _____
Email PDF copy to: _____ Email address above _____
Report Mailed to Following Address: _____ Use company address above _____

Evidence Returned to Following Address: _____ Same as report _____ Use company address above _____
Enclose report with evidence: _____ Yes _____ No _____
Additional notes regarding shipping: _____