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www.pdrating.com

Commutation Request Form

Case Information	Requestor Information
Date:	☐ applicant ☐ defense
Applicant:	Requestor:
DOI:	Ins Co. or Firm:
DOB:	Address:
Gender: Male Female	Address:
PD %:	City, State: zip
PD Rate:	Phone:
PD Start Date:	Fax:
PD Weeks:	E-Mail:
LP Rate:	Claim#:
PD SAWW% increase	(If requested by attorney)
	Adjuster's Name:
	Adjuster's e-mail:
Attorney Fee: %	Normal processing is seven business days. If you need it sooner, we do offer Rush Service.
or agreed amount: \$	Regular Rush Normal \$50.00-Three business Days Seven Business Days