**11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:**

**(a) the date, time, and place of the INCIDENT giving rise to the claim;**

**(b) the name, ADDRESS, and telephone number of your employer at the time of the injury;**

**(c) the name, ADDRESS, and telephone number of the workers’ compensation insurer and the claim number;**

**(d) the period of time during which you received workers’ compensation benefits;**

**(e) a description of the injury; (f) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who provided services; and (g) the case number at the Workers’ Compensation Appeals Board.**

**Answer**

asdfsaf

**13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each sur- veillance state:**

**(a) the name, ADDRESS, and telephone number of the individual or party;**

**(b) the time, date, and place of the surveillance;**

**(c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and**

**(d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.**

**Answer**

asdfsaf