

SUSPECTED INSURANCE FRAUD REPORT

SUSPECTED FRAUDULENT PERSON/BUSINESS

NAME _____
Last, First OR Business Name

ADDRESS _____ **POLICY #** _____

City, ST Zip

PHONE (____) _____ - _____ **EMAIL:** _____

WHAT TYPE OF CLAIM IS INVOLVED? CHECK ALL THAT APPLY:

	PROPERTY FRAUD			BODILY INJURY
Motor Vehicle/Auto	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Stolen Vehicle	<input type="checkbox"/> Fire/Arson	<input type="checkbox"/> Medical Payments
Homeowners	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft/Loss	<input type="checkbox"/> Fire/Arson	<input type="checkbox"/> Personal Injury
Commercial	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft/Loss	<input type="checkbox"/> Fire/Arson	<input type="checkbox"/> Personal Injury

WHAT FRAUD DO YOU SUSPECT?

<input type="checkbox"/> Fake/Exaggerated Property Damage	<input type="checkbox"/> Previous Fraudulent Claims
<input type="checkbox"/> Fake/Exaggerated Injury	<input type="checkbox"/> Fake/Exaggerated Property Theft or Loss
<input type="checkbox"/> Suspected Arson	<input type="checkbox"/> Staged Accident/Injury
<input type="checkbox"/> Inflated Financial Loss	<input type="checkbox"/> Organized/Ring Activity
<input type="checkbox"/> Other (Describe the nature of the suspected fraudulent Activity: _____ _____ _____ _____	

INDIVIDUAL REPORTING

<input type="checkbox"/> Anonymous		
- OR -		
<input type="checkbox"/> Citizen	<input type="checkbox"/> Agent	<input type="checkbox"/> Policyholder
Policy #:	Claim #:	
Name (Last, First OR Business Name):		
Phone:	Email:	
Mailing Address: _____ _____		