

Section 2 of 9

Same as Insured:

Suspect 1

First Name:	DBA:
Middle Name:	Address 1:
Last Name:	Address 2:
Work Phone:	City:
Cell Phone:	State and Zip:
Employer:	Employer Phone:
Occupation:	DOB:
DL State:	Driver's License:
SSN:	Email:



Section 3 of 9

Claim Information

Claim Number:	Policy Number:
Effective Date:	Date Of Loss:
Date Reported to the Company:	Time of Loss:

Section 4 of 9

Type of Insurance (Please check all that apply)

Property & Casualty

301 - P&C-Auto-Personal	308 - P&C-Auto-Motorcycle
302 - P&C-Auto-Commercial/Business	309 - P&C-Auto-Warranty
304 - P&C-Auto-Uninsured Motorist	310 - P&C-Auto-Gap Coverage
305 - P&C-Auto-Motor Home/RV	390 - P&C-Auto-OTHER...
307 - P&C-Auto-Driver Exclusion	

401 - P&C-Commercial-Fire/Industrial	406 - P&C-Commercial-Crime
402 - P&C-Commercial-Liability	407 - Comm-Business
403 - Comm-Credit Property	408 - P&C-Commercial-Property
405 - P&C-Commercial-Business Owner's	490 - P&C-Commercial-OTHER...

501 - P&C-Homeowners-General
502 - P&C-Homeowners-Mobile Home
503 - P&C-Homeowners-Renters

504 - P&C-Homeowners-Flood
590 - P&C-Homeowners-OTHER...

Life

601 - LIFE-Individual
602 - LIFE-Group
603 - LIFE-Annuity
604 - Life-Credit
605 - LIFE-Industrial
606 - LIFE-Accelerated Benefits
607 - Life-Variable Annuity

608 - Life-Variable Life
609 - Life-AD&D
610 - Life-Burial
611 - LIFE-Viatical Settlement
614 - Life-Long Term Care
690 - LIFE-OTHER...

Health & Annuities

701 - A&H-Major Medical-Individual
702 - A&H-Major Medical-Group
703 - A&H-Medicare Supplemental
704 - A&H-Disability
705 - A&H-Credit
706 - A&H-Long Term Care
707 - A&H-Cancer
708 - A&H-HMO
709 - A&H-Mult Empl Welfare Arrang-MEWA
710 - A&H-Single Empl Trust-ERISA

711 - A&H-Dental
712 - A&H-Hospital Indemnity
713 - A&H-Accident Only
716 - Medicaid
717 - Medicare
722 - Prescription Drug
724 - Vision
790 - A&H-OTHER...
799 - A&H-Major Medical-Industrial

Misc

801 - P&C-Liability-General
802 - P&C-Liability-Errors & Omissions
803 - P&C-Liability-Umbrella

805 - Liab-Excess
806 - Liab-Business
890 - P&C-Liability-OTHER...

901 - MISC-Worker's Compensation
902 - MISC-Fidelity-Surety/Bond
903 - P&C-Marine-Ocean
904 - P&C-Marine-Inland

905 - Misc-Title
990 - MISC-OTHER...
999 - P&C-Surplus Lines

Section 5 of 9

Type of Fraud (Please check all that apply)

Alleged Hail Damage
Annuity
Application Misrepresentation
Arson
Attorney Activities
Auto Repair/Body Shop
Billing For Services Not Rendered
Billing for Treatment as Payable When Not Payable
Burglary
Disability
Duplicate Billing

Medical Provider
Medical Provider / Attorney Relationship
Money Laundering
Motor Vehicles
Owner Give Up
Paper/Phantom Accident
Passenger Stuffing/Jump in
Phony Theft
Premium Avoidance
Producer/Agent - Unappointed
Producer/Agent - Unlicensed

Excessive Treatment	Producer/Agent Theft - Misappropriation of Premiums
Extensive Loss History	Producer/Agent Theft - Misrepresentation
Faked Damage	Product Liability
Faked/Exaggerated Injury	Property Theft
False Application/Policy Change	Provider
False Billing	Questionable Vehicle Theft
False Claims	Questioned Documents Altered, Forged, Falsified, Duplicated
False/Exaggerated Loss Statement	Received Compensation for Referral to Health Care Provider and/or Attorney
False/Inflated Business Interruption	Repair Fraud
Filing False Public Documents	Securities
Forgery	Slip and Fall
Health Care	Solicitation of Claimant to go to Medical Provider and/or Attorney
Identity Theft/False Representation	Staged/Created Accident
Inflated Billing	Suspicious Disappearance/Loss of Jewelry
Inflated Damage	Suspicious Hit While Parked
Inflated Inventory	Unauthorized/Unlicensed Insurer
Inflated Loss	Unbundling/Up Coding
Inflated Repairs	Unperformed Repairs
Injury	Using Unqualified Persons to Perform Billable Services
Insurer - Unauthorized	Vehicle Theft Ring Activity
Internal	Viatical
Issued Fraudulent Insurance Policies, Certificates, Binders, ID Cards	VIN/HIN/PIN Manipulation
Jump-In/Passenger Stuffing	Warranty
Kickback/Bribery	Water/Flood Damage
Lack of Cooperation from Claimant	Workers' Compensation
Lack of Cooperation from Insured	Working While Collecting (Double Dipping)
Malingering	Other...
Material Misrepresentation	
Other:	

* Total Claim Amount:

Has any of this claim been paid Yes No
If yes, how much \$

Section 6 of 9

Are there referrals to any other entities, (i.e. Law Enforcement Agencies, Professional Boards, etc.)?

* · Yes No

	Agency	Contact Person	Address	Phone Number
1)				
2)				
3)				
4)				

Section 7 of 9

Name(s) of individuals significant to loss (include doctors, lawyers, witnesses, etc.)

Individual 1

First Name:

Middle Name:

Last Name:

Relationship:

Email:

Home Phone:

Work Phone:

Cell Phone:

Individual 2

First Name:

Middle Name:

Last Name:

Relationship:

Email:

Home Phone:

Work Phone:

Cell Phone:

Individual 3

First Name:

Middle Name:

Last Name:

Relationship:

Email:

Home Phone:

Work Phone:

Cell Phone:

Individual 4

First Name:

Middle Name:

Last Name:

Relationship:

Email:

Home Phone:

Work Phone:

Cell Phone:

Section 8 of 9

* Detailed Facts of Suspected Fraudulent Conduct:

Section 9 of 9

Supporting Documentation:

Do you have documentation to support this submission?

* Yes No

If yes, how would you like to submit this information?

Fax: 225-342-7393

U.S. Mail: Louisiana Dept. of Insurance: Fraud Section

P.O. Box 3096

Baton Rouge, LA 70821-3096

Carrier Mail: Louisiana Dept. of Insurance: Fraud Section

1702 N. 3rd St.

Baton Rouge, LA 70802

E-mail: Terry Wrobel at twrobel@ldi.state.la.us

Thank you for your submission. Louisiana law provides that, upon receipt by the FRAUD Section, the Suspected Fraud Report IS confidential AND no status report can be given. The FRAUD Section may, however, contact you for additional information.