



Florida county where the fraud occurred: (Choose County) ▼

Date Fraud Occurred: \_\_\_\_\_ \*

**Person Suspected of Fraudulent Activity**

Category: \_\_\_\_\_ Explain: \_\_\_\_\_

Name: Last: \_\_\_\_\_ \* First: \_\_\_\_\_ \* Middle: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: (CHOOSE STATE) ▼ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

DL #: \_\_\_\_\_ State: (CHOOSE STATE) ▼

License Plate #: \_\_\_\_\_ State: (CHOOSE STATE) ▼

VIN #: \_\_\_\_\_

DBA/Multiple Numbers/AKA's: \_\_\_\_\_

Is the involved Party Claiming Injury? ▼

How is this party involved? \_\_\_\_\_

Check here to add a second Suspect

Check here to add a third Suspect

**What type of Fraud did this person commit? Please check all that apply.**

**Must pick at least one.**

- |                                           |                                                          |                                                                       |
|-------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Fictitious Claim | <input type="checkbox"/> Arson (commercial)              | <input type="checkbox"/> Insurance Agent/Agency Fraud Misuse of funds |
| <input type="checkbox"/> Inflated Loss    | <input type="checkbox"/> Motor Vehicle/Damage to Vehicle | <input type="checkbox"/> Aviation                                     |
| <input type="checkbox"/> Arson (vehicle)  | <input type="checkbox"/> Motor Vehicle/Stolen            | <input type="checkbox"/> Vehicle Application Fraud                    |
| <input type="checkbox"/> Arson (home)     | <input type="checkbox"/> Homeowners Property Damage      | <input type="checkbox"/> Home Application Fraud                       |
| <input type="checkbox"/> Arson (vessel)   | <input type="checkbox"/> Commercial Property Damage      | <input type="checkbox"/> Commercial Application Fraud                 |
| <input type="checkbox"/> Arson (aircraft) | <input type="checkbox"/> Commercial Theft/Loss           | <input type="checkbox"/> Vessel                                       |

### Claim Information

Have payments been made on this claim?	<input type="text"/>
Policy Number:	<input type="text"/>
Claim Number:	<input type="text"/>
Date of Loss/Injury:	<input type="text"/>
Date of Suspected Fraudulent Activity, if different than Date of Loss:	<input type="text"/>
Amount Paid to Date?	<input type="text"/>
Total Claim or Loss Exposure?	<input type="text"/>
Was initial claim recorded?	<input type="text"/>
Name of Adjuster:	<input type="text"/>
Adjuster Contact #:	<input type="text"/>
Street Address of Location Loss:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="(CHOOSE STATE)"/>
Zip:	<input type="text"/>
County of Loss:	<input type="text" value="(Choose County)"/>
NAIC Number:	<input type="text" value="10000"/>

### Nature of Suspected Fraudulent Activity

Must pick at least one.

- |                                                     |                                     |                                      |
|-----------------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Faked/Exaggerated Loss     | <input type="checkbox"/> Water Loss | <input type="checkbox"/> Broken Tile |
| <input type="checkbox"/> Previous Fraudulent Claims | <input type="checkbox"/> Fire Loss  | <input type="checkbox"/> Broken Pipe |
| <input type="checkbox"/> Organized Ring Activity    | <input type="checkbox"/> Mold       |                                      |

### Information Developed to confirm suspicion

- |                                                         |                                                     |                                                 |
|---------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Proof of Loss                  | <input type="checkbox"/> Written Statement(Suspect) | <input type="checkbox"/> Conflicting Statements |
| <input type="checkbox"/> Confession                     | <input type="checkbox"/> Written Statement(Witness) | <input type="checkbox"/> Video Surveillance     |
| <input type="checkbox"/> Claimant Lied Under Oath (EUO) | <input type="checkbox"/> Written Statement(Other)   | <input type="checkbox"/> Witnesses              |
| <input type="checkbox"/> Oral Statement(Suspect)        | <input type="checkbox"/> Deposition/Sworn Testimony | <input type="checkbox"/> Investigative Reports  |
| <input type="checkbox"/> Oral Statement(Witness)        | <input type="checkbox"/> Falsified Documents        | <input type="checkbox"/> Photographs available  |
| <input type="checkbox"/> Oral Statement(Other)          | <input type="checkbox"/> Correspondence             | <input type="checkbox"/> Medical Reports        |

### Has the incident been reported to any other agency/organization? (Check all that apply)

Agency	Enter Case Number
<input type="checkbox"/> NICB	<input type="text"/>
<input type="checkbox"/> Other State Fraud Unit	<input type="text"/>
<input type="checkbox"/> Other Law Enforcement Agency	<input type="text"/>
<input type="checkbox"/> State Attorney's Office	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>
<input type="checkbox"/> Is this referral for Reporting Purposes Only?	

## Supporting Evidence

1. List all material misrepresentations and/or omissions made to the insurance company.

2. Identify which documents were used during the misrepresentation or omission? (affidavit of loss, recorded statement, deposition, etc) PLEASE UPLOAD DOCUMENT

3. Specify any evidence that corroborates or supports suspicion of fraud.

You may attach up to three files containing supporting evidence. Files may contain the file extensions (.doc, .xls, .jpg).

File 1	<input type="button" value="Choose File"/>	No file chosen	<input type="text"/>
File 2	<input type="button" value="Choose File"/>	No file chosen	<input type="text"/>
File 3	<input type="button" value="Choose File"/>	No file chosen	<input type="text"/>

## Insured Information

Business Name:	<input type="text"/>
Business FEIN/License Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
SSN:	<input type="text"/> <input type="text"/> <input type="text"/>
DOB:	<input type="text"/>
Office Telephone:	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Telephone:	<input type="text"/> <input type="text"/> <input type="text"/>
E-Mail Address:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>

### Claimant Information

Business Name:	<input type="text"/>
Business FEIN/License Number:	<input type="text"/>
Last Name or Unknown:	<input type="text"/>
First Name or Unknown:	<input type="text"/>
Middle Name:	<input type="text"/>
SSN:	<input type="text"/> <input type="text"/> <input type="text"/>
DOB:	<input type="text"/> <input type="text"/> <input type="text"/>
Office Telephone:	<input type="text"/> <input type="text"/> <input type="text"/>
Other Telephone:	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Telephone:	<input type="text"/> <input type="text"/> <input type="text"/>
E-Mail Address:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP Code:	<input type="text"/>

Name of Insurance Carrier:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Policy Active(Y/N):	<input type="text"/>
Denied(Y/N):	<input type="text"/>

**State the facts (who, what, when, where, how, why) that support your suspicion of fraudulent claim activity including any material misrepresentation(s). Provide details regarding any prior history of fraudulent insurance claim activity by any of the parties. If known, include relevant claim numbers. (have plenty of room)**

**Must enter information.**