



## 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:            |



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## Section 3 of 9

### Claim Information

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

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## 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    |                             |

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|                                       |                               |
|---------------------------------------|-------------------------------|
| 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... |

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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...

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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

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## 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) |        |                |         |              |

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## 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:

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## 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](mailto:twrobel@ldi.state.la.us)

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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.