**MARYLAND INSURANCE ADMINISTRATION**
**INSURANCE FRAUD DIVISION**
**200 St. Paul Pl., Suite 2700**
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# Insurer/TPA Fraud Referral Form

## Detailed Narrative Explaining Reason For Referral

(Including specific description of alleged fraud)

Did an IFD Investigator request this referral? ☐ YES ☐ NO

IFD Investigator:

Referred to Other Law Enforcement? ☐ YES ☐ NO

Who and Which Agency?

## Contact Information

Referring Person: Telephone Number:

Contact Person: Telephone Number:

Address:

Email Address:

Company Name:

Address:

Telephone Number:

Type of Insurance:

☐ Auto ☐ Workers Comp ☐ Commercial ☐ Life ☐ Other

☐ Health ☐ Homeowners/Renters ☐ Disability ☐ Title

Type of Fraud:

☐ Agent/Adjuster/Employee Misconduct ☐ False Application

☐ Jump In ☐ Lost Wages ☐ False COI

☐ Fictitious/Inflated Loss ☐ False Documents ☐ Unlicensed

☐ Collecting While Working ☐ Owner Give Up ☐ Billing

☐ Staged Accident/Loss ☐ Solicitation ☐ Other

(Check all applicable boxes)

## Claim Information (If Claims Fraud)

Claim Date: | Date of Loss:

Claim Number: | Police Report Number:

Claim Value ($):

Location of Loss:

Manner, date and method of submission of claim Forms/Statements (including where received and location sent from (attach faxes, envelopes, etc.):

Other Insurance Company Involved:

Address:

Contact Person: | Telephone Number:

Claim Number: | Policy Number:

## Victim Information

Name:

Address:

Telephone:

Email:

## Suspect Information

Name of Individual:

Address:

Email Address:

Date of Birth:

SSN:

Telephone Number:

Vehicle Make:

Model:

Year:

VIN Number:

Color:

Tag Number:

## Others Involved

Identify all principals and their roles:

Name of Individual:

Telephone Number:

Address:

Email Address:

Role:

Name of Individual:

Telephone Number:

Address:

Email Address:

Role:

Name of Individual:

Telephone Number:

Address:

Email Address:

Role: