

**MARYLAND INSURANCE FRAUD DIVISION**  
**Maryland Insurance Administration**  
**200 St. Paul Pl., Ste 2700**  
**Baltimore, MD 21202**  
**1-800-846-4069**

**DATE OF REFERRAL:**

**REASON FOR REFERRAL:**

(Please give as much detail as possible, including dates, places, names of people involved and insurance companies involved, and a description of why you think the activity constitutes an insurance fraud violation)

**YOUR NAME AND CONTACT INFORMATION** (if you wish to provide this information);

Name

Address

Telephone Number(s)

Email address

**TYPE OF INSURANCE INVOLVED** (check appropriate type):

Auto

Workers Compensation

Life

Health

Disability

Other

Homeowners/Renters

Travel

Commercial

Pet

**ARE YOU COMPLAINING ABOUT AN AGENT/BROKER/PRODUCER?**

If so, please provide: Name

Address

Telephone Number

Email address

**SUSPECT'S INFORMATION:**

Name

Address

Occupation

Telephone number(s)

Date of birth (if known)

SSN (if known)

Prior criminal record (if known)

**NAME(S) OF ANY OTHER PEOPLE INVOLVED AND THEIR ROLE** (e.g., insurance agent, witnesses, other drivers, passengers, police officer, etc.):

(Please provide names, addresses, telephone numbers, email addresses and any other contact information you may have)

**NAME OF INSURANCE COMPANY (if known):**