

IN THE MATTER OF THE  
MARYLAND INSURANCE  
ADMINISTRATION

v.

KEONNA CAMPBELL  
1749 Montpelier St.  
Baltimore, Maryland 21218

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BEFORE THE MARYLAND  
INSURANCE COMMISSIONER

CASE NO. : MIA- 2018-02-024  
Fraud Division File No.: R-2018-0898A

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**ORDER**

This Order is entered by the Maryland Insurance Administration (“MIA”) against Keonna Campbell, (“Respondent”) pursuant to §§ 2-108, 2-201, 2-204 and 2-405 of the Insurance Article, Md. Code Ann. (2017 Repl. Vol. & Supp.)(“the Insurance Article”).

**I. Facts**

1. J.N.<sup>1</sup> had automobile insurance for her 2014 Ford Focus with Liberty Mutual Insurance Company, (“Liberty”), an authorized insurer. The policy was in effect from April 10, 2016 through April 10, 2017.

2. On March 19, 2017, Respondent notified Liberty that she was a passenger in J.N.’s Ford, when it was struck by another vehicle. Respondent advised that both she and J.N. were injured.

3. On March 30, 2017, Respondent advised a Liberty representative that she owns her own business but has not been able to work since the March 19, 2017, accident due to her injuries.

4. On April 28, 2017, Respondent submitted a lost wages document to Liberty, which stated Respondent was employed by Naji Tech, although she previously stated she was

<sup>1</sup> The MIA uses initials to protect witnesses’ identity.

self-employed. The lost wages document was purportedly signed by a Naji Tech office manager and stated Respondent made \$22.00 an hour, her average weekly pay rate was \$825.00 and that she began disability on March 20, 2017, and has not returned to work.

5. On April 28, 2017, a Liberty representative contacted the owner of Naji Tech who advised that Respondent has not worked for Naji Tech for over a year, and he did not recognize the name of the Naji Tech office manager on the lost wages document.

6. On May 1, 2017, Liberty referred Respondent's claim to its Special Investigations Unit ("SIU") for further investigation as the lost wages document appeared to be false.

7. On May 4, 2017, Respondent provided a recorded statement to a Liberty SIU investigator. In her statement, Respondent stated she was employed as a healthcare specialist at Naji Tech and her duties include "logging information" and lifting computers, "moving them around;" that she lost wages as a result of the accident, starting the day following the accident and she has not returned to work; and that the lost wages document was completed by the office manager at Naji Tech. The investigator advised Respondent that there was a discrepancy with the lost wages document.

8. On May 5, 2017, an SIU investigator spoke with the owner of Naji Tech. He confirmed speaking with another Liberty representative about Respondent's lost wages document and reiterated that Respondent was not employed by Naji Tech at the time of the March 19, 2017, accident.

9. On August 4, 2017, SIU scheduled an appointment for August 14, 2017, for Respondent's Examination Under Oath ("EUO"). Notice was sent through certified mail as well as regular mail. Respondent failed to appear for the appointment. A second appointment was scheduled for September 11, 2017, Respondent also failed to appear for that EUO.

10. On September 14, 2017, Liberty notified Respondent it was denying her claim.

11. Section 27-802(a)(1) of the Maryland Insurance Article states:

An authorized insurer, its employees, fund producers, or insurance producers, ... who in good faith has cause to believe that insurance fraud has been or is being committed shall report the suspected insurance fraud in writing to the Commissioner, the Fraud Division, or the appropriate federal, State, or local law enforcement authorities.

Liberty, having a good faith belief that Respondent committed insurance fraud, referred the matter to the MIA, Fraud Division.

12. MIA contacted Liberty and confirmed its handling of Respondent's claim.

13. MIA contacted the Director of Naji Tech. He advised that the Respondent had not worked for Naji Tech since September 9, 2014, and the alleged Naji Tech office manager who purportedly signed the lost wages document is not a Naji Tech employee.

## II. Violation(s)

14. In addition to all relevant sections of the Insurance Article, the Administration relies on the following pertinent sections in finding that the Respondent violated Maryland's insurance laws:

15. § 27-403(2)

It is a fraudulent insurance act for a person:

(2) to present or cause to be presented to an insurer documentation or an oral or written statement made in support of a claim...with knowledge that the documentation or statement contains false or misleading information about a matter material to the claim.

16. § 27-408(c)

(1) In addition to any criminal penalties that may be imposed under this section, on a showing by clear and convincing evidence that a violation of this subtitle has occurred, the Commissioner may:

(i) impose an administrative penalty not exceeding \$25,000 for each act of insurance fraud; and

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(2) In determining the amount of an administrative penalty, the Commissioner shall consider:

- (i) the nature, circumstances, extent, gravity, and number of violations;
- (ii) the degree of culpability of the violator;
- (iii) prior offenses and repeated violations of the violator; and
- (iv) any other matter that the Commissioner considers appropriate and relevant.

17. By the conduct described herein, Respondent knowingly violated § 27-403. Because the fraudulent insurance act of submitting a false document in support of a claim is complete upon submission of the false document and is not dependent on payment being made, Respondent committed a violation of the law when she submitted a false document to Liberty. As such, Respondent is subject to an administrative penalty under the Insurance Article § 27-408(c).

### III. Sanctions

18. Insurance fraud is a serious violation which harms consumers in that the losses suffered by insurance companies are passed on to consumers in the form of higher premiums. The Commissioner may investigate any complaint that alleges a fraudulent claim has been submitted to an insurer. Insurance Article §§ 2-201(d) (1) and 2-405.

19. Respondent's conduct was fraudulent for submitting false documentation. Having considered the factors set forth in §27-408(c)(2) and COMAR 31.02.04.02, the MIA has determined that \$1,500.00 is an appropriate penalty.

20. Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number (R-2018-0898A) and name (Keonna Campbell). Unpaid penalties will be referred to the Central Collections Unit for collection. Payment of the administrative penalty shall be sent to the attention of: Associate Commissioner, Insurance Fraud Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202.

21. This Order does not preclude any potential or pending action by any other person, entity or government authority, regarding any conduct by the Respondent including the conduct that is the subject of this Order.

**WHEREFORE**, for the reasons set forth above, and subject to the right to request a hearing, it is this 28<sup>th</sup> day of February 2018, **ORDERED** that:

A. Keonna Campbell shall pay an administrative penalty of fifteen hundred dollars, (\$1,500.00) within 30 days of the date of this Order.

ALFRED W. REDMER, JR.  
Insurance Commissioner

signature on original

BY:

STEVE WRIGHT   
Associate Commissioner  
Insurance Fraud Division

#### **RIGHT TO REQUEST A HEARING**

Pursuant to §2-210 of the Insurance Article and Code of Maryland Regulations (“COMAR”) 31.02.01.03, an aggrieved person may request a hearing on this Order. This request must be in writing and received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order. However, pursuant to §2-212 of the Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is served. The written request for hearing must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Attn: Hearings and Appeals Coordinator. The request shall include the following information: (1) the action or non-action of the Commissioner causing the person requesting the hearing to be aggrieved; (2) the facts related to the incident or incidents about which the person requests the Commissioner to act or not act; and (3) the ultimate relief requested. The failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be final on its effective date. Please note that if a hearing is requested on this initial Order, the Commissioner may affirm, modify, or nullify an action taken or impose any penalty or remedy authorized by the Insurance Article against the Respondent in a Final Order after hearing.