

Company Name: *

NAIC Number: *

Group reporting - If you need additional space, please submit a separate sheet in Word format to: EIB.DISB@dc.gov
NAIC Underwriting Company Names And NAIC Numbers: *

#		Auto	P/C	Life	Health	Worker's Comp	Totals
1	Number of claims received						
2	Number of suspected cases accepted by SIU (Totals)						
2a	Number of application fraud cases referred to SIU						
2b	Number of claim fraud cases referred to SIU						
2c	Number of premium avoidance cases referred to SIU						
3	Number denied, dropped or mitigated w/ SIU Invest						
4	Number cases referred to DISB Fraud Bureau						
5	Number referred to nonprofit agency (NICB, NHCAA)						
6	Number referred to law enforcement (DCMPD, FBI, etc.)						
7	Number of arrests						
8	Number of convictions						
9	Dollar amount of restitution/fines by SIU/Company						
10	Number of Civil/Criminal Prosecutions (Totals)						
10a	Claimant/Insured*						
10b	Provider (Medical, Legal, Other)*						
10c	Internal (Agent/Broker)*						
11	Amount of money not paid because of SIU activities						

Notations/Explanations (Optional as determined by insurer):

SURVEY COMPLETED BY:

Name: *

Position: *

Phone: *

Email: *