DC CY Select One

Annual Anti-Fraud Statistical Report

Company Name:*

NAIC Number:*

NAIC Group Number:*
If none enter "0"

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						0
2	Number of suspected cases accepted by SIU (Totals)						0
2a	Number of application fraud cases referred to SIU						0
2b	Number of claim fraud cases referred to SIU						0
2c	Number of premium avoidance cases referred to SIU						0
3	Number denied, dropped or mitigated w/ SIU Invest						0
4	Number cases referred to DISB Fraud Bureau						0
5	Number referred to nonprofit agency (NICB, NHCAA)						0
6	Number referred to law enforcement (DCMPD, FBI, etc.)						0
7	Number of arrests						0
8	Number of convictions						0
9	Dollar amount of restitution/fines by SIU/Company						0
10	Number of Civil/Criminal Prosecutions (Totals)						0
10a	Claimant/Insured*						0
10b	Provider (Medical, Legal, Other)*						0
10c	Internal (Agent/Broker)*						0
11	Amount of money not paid because of SIU activities						0

Notations/Explanations (Optional as determined by insurer): 0

SURVEY COMPLETED BY:

Name:* Position:* Phone:* Email:*

Fields marked with an asterisk (*) are required. **Please save form to your computer and email to EIB.DISB@dc.gov**

Save Form Print form