**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