

State of California, Department of Insurance, Fraud Division.

Consumer Insurance Fraud Reporting Form.

This form is designed to be used by members of the general public and their representatives.

If you are employed in the insurance industry you must use Form FD-1 to make your report.

Under California Insurance Code Section 1879.5, no person shall be subject to civil liability for filing a good faith report of suspected insurance fraud to the Department of Insurance.

SECTION 1 – REPORTING PARTY

Anonymous

Date _____

Last Name _____ First Name _____

Email Address _____

Company Name _____ DBA _____

Street Address _____ City _____

State _____ Zip Code _____ Contact Phone # _____

SECTION 2 – INSURANCE FRAUD INFORMATION (Please Provide Known Information)

Insurance Company(s) _____

Policy # _____ Claim # _____

Date of Loss _____ Is Fraud Still On Going? Yes No

Location of loss: City _____ Zip Code _____

Person listed below is: Insured Claimant Suspect Other

Last Name _____ First Name _____

Street Address _____ City _____

State _____ Zip Code _____ Phone # _____

Company Name _____ DBA _____

Person listed below is: Insured Claimant Suspect Other

Last Name _____ First Name _____

Street Address _____ City _____

State _____ Zip Code _____ Phone # _____

Company Name _____ DBA _____

If you have additional names, enter them in the Summary Section on the next page.

SECTION 3 – This Information Has Also Been Referred To:

Has an insurance company been notified of this activity? Yes No

If yes, listed company _____

Has a law enforcement agency been notified of this activity? Yes No

If yes, listed agency(s) _____

Has a District Attorney's Office been notified of this activity? Yes No

If yes, listed county _____

Have other agency(s) been notified of this activity? Yes No

If yes, listed agency(s) _____





SECTION 4 – SUMMARY

Please describe what fraud activity you wish to report and include answers to the following questions, if known:

Who are the persons committing the fraud?

When & where did the fraud occur?

What is the name of the insured if different than the suspect?

Include names of others who can corroborate this information.

Is anyone in the insurance industry aware of what is occurring?

If you wish to report something that was not covered by these questions, please include that information in your summary.

If you have additional information that does not fit on the space below, please include an additional pages.

Print form and mail to:
Department of Insurance, Fraud Division, 9342 Tech Center Drive, Suite 100, Sacramento, CA 95826
or save form and email completed form to Fraud@insurance.ca.gov

For filing a good faith report of suspected insurance fraud to the Department of Insurance under California Insurance Code Section 1879.5, no person shall be subject to civil liability.