

Suspected Insurance Fraud Report

Instructions

Use this form to report suspected insurance fraud to the Arizona Department of Insurance and Financial Institutions (DIFI). You may send the form by:

Mail: DIFI Insurance Fraud Unit, 100 N. 15th Ave, #102, Phoenix AZ 85007

Email: Investigations@difi.az.gov

Important information

- This report is for Arizona residents, Law Enforcement, and other non-Insurance industry entities wanting to report suspected insurance fraud to the Department of Insurance and Financial Institutions.
- This report **DOES NOT MEET** the state law requirements for Arizona licensed insurance companies required to report suspected insurance fraud to **DIFI**. Insurance companies must report via [NAIC Online Fraud Reporting Systems OFRS](#), or through [NICB](#).
- For more information, visit <https://difi.az.gov/fraud-00> or call us at **602-364-2140**.

Information about you (You do not have to fill out this section)

Name _____

First name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ Email _____

Today's date _____

Suspected Insurance Fraud Report

Information about the suspects (Who you believe committed fraud)

Provide as much information as you can. This helps us identify the right suspect. For any item you may not know, please leave the line empty.

Name _____

First name

Middle name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ Email _____

Occupation _____ Employer _____

Gender Male Female

Alias (AKA) _____

Information about other suspects

Fill out this information if there are other suspects. Use multiple pages if you need to. For any item you may not know, leave the line empty.

Name _____

First name

Middle name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ Email _____

Occupation _____ Employer _____

Gender Male Female

Alias (AKA) _____

Suspected Insurance Fraud Report

Information about Insurance company involved

Fill out this information regarding the Insurance company being victimized or defrauded. Use multiple pages if you need to. For any item you may not know, leave the line empty.

Company Name _____

Type of Insurance Company _____

Medical/Automotive/Homeowners

Address _____

Street address

City

State

ZIP

Company Representative Name _____

First name

Last name

Phone number _____ Email _____

Occupational Title: _____

Agent /Customer Service Rep / Adjuster

Information about the suspected fraud

When did the fraud happen? _____

Provide a brief summary of what happened. Please list any witnesses you know about.

If you have any supporting documents or other evidence, please attach them to this report.

The Arizona Department of Insurance and Financial Institutions, Fraud Unit is a Law Enforcement Agency. Providing false information to a law enforcement agency about a crime is punishable up to 6 months in Jail, \$4,575.00 fine and/or up to 3 years probation.

ARS 13-2907.01, ARS 13-707.1, ARS 13-802.A, ARS 13-902.5