

APPLICATION FRAUD REFERRAL / NOTIFICATION FORM - OIFP/BFD-2 (04/13)



State of New Jersey  
 Insurance Fraud Referral/Notification  
 P.O. Box 094  
 Trenton, NJ 08625-0094

BFD Case #:	_____ / _____ / _____
OIFP #:	_____
Investigator:	_____

 REFERRAL

 NOTIFICATION

**PART I**

INSURANCE CO.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_  
 NAIC COMPANY #: \_\_\_\_\_  
 DATE OF APPLICATION: \_\_\_\_\_  
 POLICY#: \_\_\_\_\_  
 CLAIM #: \_\_\_\_\_  
 SIU #: \_\_\_\_\_

**TYPE OF COVERAGE** (check appropriate box)

LIFE	<input type="checkbox"/>	W.C.	<input type="checkbox"/>
AUTO	<input type="checkbox"/>	HOME	<input type="checkbox"/>
COMM.	<input type="checkbox"/>	OTHER	_____

**STATUS** (indicate as appropriate)

PREMIUM ADJUSTED: \_\_\_\_\_  
 AMOUNT: \$ \_\_\_\_\_  
 APPLICATION DECLINED: \_\_\_\_\_  
 NON-RENEWAL: \_\_\_\_\_  
 CANCELED: \_\_\_\_\_

**INSURED / SUBJECT**

_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE
_____	_____	_____
STREET ADDRESS	CITY	STATE / ZIP CODE
_____	_____	_____
HOME PHONE	WORK PHONE	DOB
_____	_____	_____
S.S. #	D.L. #	

**PRODUCER**

AGENCY NAME: \_\_\_\_\_

_____	_____	_____
PRODUCER LAST NAME	PRODUCER FIRST NAME	PRODUCER MIDDLE
_____	_____	_____
STREET ADDRESS	CITY	STATE / ZIP CODE
_____	_____	_____
WORK PHONE	LICENSE #	

**VEHICLE INFORMATION**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 VIN: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_ REGISTRATION STATE: \_\_\_\_\_

IS THIS MATTER UNDER INVESTIGATION BY ANY OTHER GOVERNMENT AGENCY OR HAS THIS MATTER BEEN REFERRED TO ANY OTHER GOVERNMENT AGENCY?

 YES

 NO

IF YES, PROVIDE: AGENCY NAME AND ADDRESS, CONTACT NAME, PHONE NUMBER AND E-MAIL; CASE #

\_\_\_\_\_  
 \_\_\_\_\_

**PART II**

Provision(s) OF N.J.S.A. 17:33A-4 RELATING TO APPLICATIONS THAT MAY HAVE BEEN VIOLATED: (CHECK APPROPRIATE BOX)

- a.(3){5} - conceals relevant evidence: CONCEALS OR KNOWINGLY FAILS TO DISCLOSE AN EVENT AFFECTING ANY PERSON'S INITIAL RIGHT TO AN INSURANCE BENEFIT OR THE AMOUNT OF A BENEFIT. N.J.S.A 17:33A-4a(3)
- a.(4)(A) – Prepares or makes any written or oral statement: INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE INSURANCE POLICY, THAT THE PERSON TO BE THE INSURED RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT PERSON RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE N.J.S.A. 17:33A-4a(4)(a).
- a.(4)B – Prepares or makes any written or oral statement: INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS ANY FALSE OR MISLEADING INFORMATION MATERIAL TO THE APPLICATION OR CONTRACT. N.J.S.A. 17:33A-4a(4)(b).
- a.(5) – Conceals relevant evidence of application fraud: CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE, WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(4) HAS OCCURRED. N.J.S.A.17:33A-4A(5)
- b.(5) – Conspires with another: KNOWINGLY ASSISTS, CONSPIRES WITH, OR URGES A PERSON TO VIOLATE ANY PROVISION OF THIS ACT. N.J.S.A.17:33A-4B. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED.)

**PART III**

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE. (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENTS IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)\*
  
2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO THE INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH DOCUMENTS EACH STATEMENT OR OMISSION IS MADE: (FOR EXAMPLE, THE APPLICATION AND ANY DOCUMENT SUBMITTED IN SUPPORT OF THE APPLICATION.)\*
  
3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE:\*
  
4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED INSURANCE PRODUCER (AGENT) OR INSURANCE AGENCY EMPLOYEE KNOWINGLY PARTICIPATED IN THE APPLICATION FRAUD. PROVIDE THE NAME AND ADDRESS OF THIS PERSON.\*

\* For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.

**PART IV**

**CERTIFICATION OF CUSTODIAN OF RECORDS**

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place.

(List each document in this space or reference a separate attached listing)

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

\_\_\_\_\_  
DATED:

\_\_\_\_\_  
SIGNATURE OF CUSTODIAN

\_\_\_\_\_  
PRINT FULL NAME AND TITLE