# STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT
## FRAUD UNIT REFERRAL

Please type or print information. Please complete all applicable sections.

**Reason for Referral:**

(Attach all documents you believe relevant)

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Did an IFU investigator request this referral? yes no IFU Investigator_____

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Referral Source: Ins. Co. Other|| DATE / / || Referred to Law Enf. Agency? _Y _N

**Contact Name** |INS.CO. |Agency

address

city |state |Zip

**Contact's (800)Phone No. /EXT.** |fax

| Specify Type of Insurance | | Specify Type of Indicated Fraud |
|---|---|---|
| ? Commercial | ? Personal | ? AgentTheft ? Arson ? Claimant ? Employee ? Application ? False Billing ? Phony Theft ? Exaggerated Loss ? Kickback ? Slip & Fall ? Jump-in ? Staged Accident ? Provider Fraud ? Premium Avoidance ? Other |
| ? Auto ? Property ? WC ? Life ? A&H ? Liability ? Other: | | |

| Company: | Policy #: | Inception: | Expiration: |
|---|---|---|---|
| | | | |

**Loss Information:** Description Accident/Loss

**IDENTIFY** principals and their roles - **ROLES: ADJ** - Adjuster; **AGENT** - Agent; **APP** - Appraiser; **ATTOR** - Attorney; **CHIRO** - Chriropractor; **CLMT** - Claimant; **INSD** - Insured; **MEDOC** - Medical Doctor; **PASSG** - Passenger, No Claim; **PHYS** - Physical therapist; **RPAIR** - Body Shop/Contractor; **WIT** - Witness.

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| Last Name | First Name | MI | Role | Claim Number | Type of Coverage | Amt Paid $ / Status |
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**56 Old Suncook Road *Concord, NH 03301-5151* Telephone (603)271-7973 x243 *FAX(603)271-1406**