

INSURANCE COMPANY FRAUD CONTACT FORM

The West Virginia Offices of the Insurance Commissioner Fraud Unit maintains a list of fraud contact persons for all insurance companies licensed in the State of West Virginia. It is necessary for the Fraud Unit to keep this information current so that changes in the law, request for specific claim file information, announcements, etc. regarding insurance fraud will be sent to or requested from the appropriate person at your company. Make note that those you list as contacts will be the person(s) that receive request letters from our unit for claim files or policy information of those you insure or others that make claims on your insured's policies. The requests made may not indicate apparent fraudulent activity regarding your particular claim file, but may be requested to prepare time lines, compare with similar claims reported by suspected person, establish fraudulent patterns, etc.

Please use this form to report or update your company's fraud contact person(s) information. Please list at least 1 (one) and no more than 4 (four) points of contact. Return the form through one of the following avenues:

Postal Mail

Offices of the West Virginia Insurance Commissioner
Office of the Inspector General
Fraud Unit
P.O. Box 2901
Charleston, WV 25330-2901

E-mail

Fraud@wvinsurance.gov

Fax

304-558-5239

To find out who is currently listed as the fraud contact person at your company, e-mail your request to the West Virginia Offices of the Insurance Commissioner Fraud Unit. Provide the name of the insurance company that you work for, your name, title, address and telephone number. Use the following e-mail address: Fraud@wvinsurance.gov

Attach additional sheets h	more than one contact person	JII.	
Insurance Company Name		NAIC # (5 digits)	
Name of Fraud Contact		Title	
Mailing Address		City, State, Zip	
Telephone Number	Fax Number	E-mail address	

Attach additional sheets if more than one contact person



Insurance Company Name Name of Fraud Contact Mailing Address		NAIC # (5 digits) Title City, State, Zip					
				Telephone Number	Fax Number	E-mail address	
				Insurance Company Name		NAIC # (5 digits)	
Name of Fraud Contact		Title					
Mailing Address		City, State, Zip					
Telephone Number	Fax Number	E-mail address					
Insurance Company Name		NAIC # (5 digits)					
Name of Fraud Contact		Title					
Mailing Address		City, State, Zip					
Telephone Number	Fax Number	E-mail address					