

New Jersey Department of Banking & Insurance

Anti-Fraud Prevention & Detection Annual Experience Report

Automobile Insurance Carriers

Calendar Year: _____

I. Identification:

Company Name		NAIC Company Code
Group Name		NAIC Group Number
Street Address		Address 2
City	State	Zip
Respondent First Name	Respondent Last Name	
Title	Phone number	
Email	Date Form Completed	

II. Reported Data Includes:

A. Private Passenger Auto	<input type="checkbox"/>	B. Commercial Auto	<input type="checkbox"/>	C. SIU Established	<input type="checkbox"/>
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III. Claims Data:

A. Number of NJ Claims Opened/Received During Calendar Year	
B. Total dollars saved by denial and compromise during Calendar Year due to investigation-----	
C. Number of NJ Claims referred to SIU during Calendar Year-----	
D. Number of NJ Claims referred to OIFP during Calendar year-----	

IV. Underwriting Data:

A. Number of NJ Policies in Force during Calendar Year (includes new and renewal business) -----	
B. Number of NJ Policies and Applications Declined for Fraud During Calendar Year (includes new applications)-----	
C. Number of NJ Applications and Policies (new business, renewals, terminations) referred to SIU During-----	
D. Number of NJ Applications and Policies (new business, renewals, terminations) referred to OIFP During Calendar Year-----	
E. Total dollars saved by Declination, Policy Cancellation or nonrenewal during calendar year due to fraud Investigation-----	

V. Total SIU Expenditures:

Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention	
A. NJ SIU Salaries -----	
B. NJ SIU Direct Expenses -----	
C. NJ SIU Other / Direct Expenses -----	

Comments:
