

Anti-Fraud Contacts Form

Pursuant to KRS 304.47-080 and 806 KAR 47:010, an insurer must maintain a unit to investigate insurance fraud and must provide the following information to the Division of Fraud Investigation.

Please return this form by email to DOI.FraudMail@ky.gov upon completion. Contact our office at (502) 564-1461 with questions or concerns.

1a. Name of Company:

1b. NAIC Number:

1c. DOI ID Number (Optional):

2a. Primary Person Responsible for Special Investigate Unit (SIU Head – **Mandatory**)

Name:

Title:

Full Street Address:

Email Address:

Phone Number:

The names, addresses, telephone number and email addresses of **at least one** primary contact persons who shall communicate with the division on matters relating to the reporting, investigation, and prosecution of suspected fraudulent insurance acts, as established in KRS 304.47-020

2b. Secondary Primary Person (**Mandatory**):

Name:

Title:

Full Street Address:

Email Address:

Phone Number:

2c. Secondary Primary Person (**Optional**)

Name:

Title:

Full Street Address:

Email Address:

Phone Number:

3a. Have the designated contacts changed since the last report? Yes No

3b. Has each insurer submitted a written Anti-fraud plan and Compliance Report? Yes No

Signature: _____

Date _____