

**INSURANCE FRAUD PREVENTION LAWS****The date following each state indicates the last time information for the state was reviewed/changed.**

<b>ALABAMA (7/24)</b>		
<b>Department/Bureau responsible:</b> Alabama Department of Insurance, Commissioner of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 27-12A-2	A person commits insurance fraud if he/she knowingly commits or conceals information concerning: the solicitation or acceptance of insurance risks when it is known the person responsible for the risks is financially unable to pay its claims; the removal or concealment of assets or records; the embezzlement, theft, or conversion of monies; or the presenting of false information on an application or insurance agreement.
Immunity from Liability	§ 27-12A-22	There shall be no liability against a person who reports or receives information concerning suspected, anticipated, or completed insurance fraud as long as the information was not a false statement made with actual malice.
Fraud Warning Required	§ 27-12A-20	Fraud warning shall be included on at least one of the following: claim release form, applications, reinstatements, agreements, declarations, claim documents. Lack of a fraud warning does not constitute a defense in any prosecution.
Reporting of Suspected Fraud	§ 27-12A-21	Persons engaged in the business of insurance who have knowledge or reasonable belief that insurance fraud will be, is being, or has been committed shall provide information relating to such matter to the department.
Statutory Creation of Fraud Unit	§§ 27-12A-7; 27-12A-40	Duty of the department of insurance to enforce provisions set forth in this chapter. Commissioner shall appoint necessary full time supervisory and investigative personnel.
Provision for Confidentiality	§ 27-12A-23	Documents and evidence obtained in an investigation of suspected or actual insurance fraud shall be privileged and confidential. The department may release information to federal, state, or local regulatory and law enforcement agencies including the NAIC.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>ALASKA (7/24)</b>		
<b>Department/Bureau responsible:</b> State of Alaska, Division of Insurance, Investigation Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 21.36.360 § 23.30.250 (penalties) § 21.27.010 (W/C)	Fraudulent insurance act is committed when a person, with intent to defraud: collects a premium for insurance if the insurance has not been provided, presents or assists another in presenting to an insurer a false, incomplete, or misleading statement in support of a claim, willfully collects as premium for insurance a sum in excess of the premium, fails to make disposition of funds received or held, or fails to pay its tax liability under this title when due. A fraudulent insurance act is committed by a person who with intent to deceive, knowingly exhibits a false account, document, or advertisement, relative to the affairs of an insurer, corporation, or syndicate, or by a person who wrongfully removes or attempts to remove records from the place where they are required to be kept.
Immunity from Liability	§ 21.36.365 (general liability) § 21.36.390 (c) (liability when giving notice to director)	A person or insurer who reports suspected, anticipated, or completed fraudulent acts to law enforcement, the NAIC, the division of insurance, or any person involved in fraud investigation is not liable for civil damages provided the report is made in good faith and not the product of reckless, willful, or intentional misconduct.
Fraud Warning Required	§ 21.36.380	A claim form must contain a warning that claim fraud may be criminally prosecuted. Lack of such a warning does not constitute a defense against such prosecution.
Reporting of Suspected Fraud	§ 21.36.390	An insurer that has reason to believe a fraudulent insurance act has been made shall send the director a report disclosing information the director may require.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 21.36.400	Fraudulent Insurance Act investigation information is confidential and not subject to public inspection or subpoena, unless a court makes a determination that the investigator would not be unduly burdened by public inspection. Fraud investigators working with such information are not subject to civil subpoena to testify to such information.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>ARIZONA (7/24)</b>		
<p><b>Department/Bureau responsible:</b> Arizona Department of Insurance Fraud Unit - <a href="http://www.id.state.az.us/fraud.html">www.id.state.az.us/fraud.html</a></p> <p>A Fraud Unit is established in the Department of Insurance, A.R.S. § 20-466. The Fraud Unit shall work in conjunction with the Department of Public Safety.</p> <p>The Director may investigate any act or practice of fraud prohibited by § 20-466.01 and any other act or practice of fraud against an insurer or entity licensed under this title. The Director shall administer the Fraud Unit.</p>		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§§ 20-458; 20-463; 20-466.01; 20-466	<p>Any person who knowingly makes a false representation relative to an insurance application or to obtain a benefit is guilty of a Class 2 misdemeanor. (§ 20-458)</p> <p>It is a fraudulent practice and unlawful for a person to knowingly make a false statement or fail to make a material statement with respect to a policy application; policy rating, benefit claim, policy premium, policy payment, application for certificate of authority, finances/accounting of insurer, or disposition of insurer. (§ 20-463)</p> <p>A person who violates § 20-463 with the intent to injure, defraud or deceive an insurer is guilty of a Class 6 felony. (§ 20-466.01)</p>
Immunity from Liability	§§ 20-463(B); 20-466(K)	A person who, in good faith, supplies information concerning suspected, anticipated, or completed fraudulent insurance acts is not subject to civil or criminal liabilities for reporting that information to the fraud unit, NAIC or law enforcement agencies.
Fraud Warning Required	§ 20-466.03	Claim forms or contracts shall include the following language: “For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”
Reporting of Suspected Fraud	§ 20-466(G)	An insurer that believes a fraudulent claim has been or is being made shall send to the director, on a form prescribed by the director, information relative to the claim and any other information the fraud unit may require.
Statutory Creation of Fraud Unit	§ 20-466	A fraud unit is established in the department of insurance. The fraud unit shall work in conjunction with the department of public safety. The director may investigate any act or practice of fraud prohibited by § 20-466.01 and any other act or practice of fraud against an insurer or entity licensed under this title. The director shall administer the fraud unit.

**ARIZONA (cont.)**

## INSURANCE FRAUD PREVENTION LAWS

ARIZONA (cont.)		
Prevention Laws	Citation	Description
Provision for Confidentiality	§ 20-466	Evidence used in fraud unit investigations including identification of informants is confidential and not subject to court subpoena, discovery, or public investigation until director issues approval or court hearing determines otherwise. The director may share confidential material with investigatory parties authorized to maintain confidentiality consistent with this statute.
Insurer Antifraud Activities Required	No provision	
Other Antifraud Statutes	§ 23-1028	False statements or representations to obtain compensation; forfeiture; classification; definition.  If, in order to obtain any compensation, benefit or payment under this chapter, either for himself or for another, any person knowingly makes a false statement or representation, the person is guilty of a Class 6 felony and, if the person is a claimant for compensation, the claimant shall also forfeit all right to any future temporary or permanent disability compensation, for the claim on which the false statement or representation was made after conviction of the offense. Forfeiture pursuant to this section does not terminate on any subsequent designation of the offense as a misdemeanor.

**INSURANCE FRAUD PREVENTION LAWS**

<b>ARKANSAS (7/24)</b>		
<b>Department/Bureau responsible:</b> Criminal Investigation Division of the Arkansas Insurance Department		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 23-66-501	A fraudulent insurance act means an act or omission by a person who, knowingly and with intent to defraud, deceive, conceal, or misrepresent, is involved in the proliferation of false information concerning a fact material to: an application for insurance; policy rating; claim for benefit; premiums or payments made on a policy; a document filed with an insurance regulation official; insurer finances; disposition of insurer organization; proof of insurance policy; license to issue insurance.
Immunity from Liability	§ 23-66-506	A person providing information material to an investigation of a suspected, anticipated, or completed fraudulent insurance act will have no civil liability resulting from the provision of such information.
Fraud Warning Required	§ 23-66-503	Claim forms shall contain the following or substantially similar statement: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison." Lack of such statement does not constitute a defense.
Reporting of Suspected Fraud	§ 23-66-505	A person engaged in the business of insurance having knowledge or a reasonable belief that a fraudulent insurance act is being, has been, or will be committed shall report all required information to the insurance commissioner.
Statutory Creation of Fraud Unit	§ 23-66-508	The Criminal Investigation Division is established within the Arkansas Insurance Department. The insurance commissioner shall appoint qualified personnel to perform the investigative function of the CID.
Provision for Confidentiality	§ 23-66-507	Documents and evidence provided in an investigation shall be privileged and confidential and shall not be a public record. Not subject to discovery or subpoena until matter closed by fraud unit.
Insurer Antifraud Activities Required	§ 23-66-510	Insurance companies licensed in the state of Arkansas must have antifraud initiatives. An antifraud plan and fraud investigators are two options listed that would satisfy the statutory requirement.
Other Antifraud Statutes	§ 23-66-502	A person convicted of a felony involving dishonesty or breach of trust shall not participate in the business of insurance unless the person was pardoned, the conviction was expunged, or the person has obtained the written consent of the insurance commissioner.

**INSURANCE FRAUD PREVENTION LAWS**

<b>CALIFORNIA (7/24)</b>		
<b>Department/Bureau responsible:</b> California Department of Insurance, Fraud Division and Investigative Division		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	Ins. § 1871.4; Cal. Penal Code §§ 548 and 550	Although there is no single fraudulent insurance act statute, several statutes describe acts that are considered insurance fraud. Generally, insurance fraud in California is any act of intentional deception that is designed to achieve a benefit or avoid an obligation concerning an insurance policy or payment thereon.
Immunity from Liability	Ins. §§ 1872.5; 1873.2; 1874.4; 1875.4; 1876.4; 1877.5; 1879.5	No person shall be subject to civil liability for reporting in good faith any suspected fraud in accordance with the Insurance Frauds Prevention Act.
Fraud Warning Required	Ins. §§ 1871.2; 1871.8	Any insurer who produces a claim form shall include on that form the words: “Any person who knowingly presents a false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.” Workers’ compensation checks must be accompanied by a warning that any money received in addition to workers’ compensation funds must be reported under penalty of law.
Reporting of Suspected Fraud	Ins. §§ 1872.4; 1873; 1873.4; 1874.2; 1875.2; 1877.3; 1879.5	Any person who has reason to believe of an incident of insurance fraud shall report such incident with accompanying relevant information to the fraud unit.
Statutory Creation of Fraud Unit	Ins. § 1872	There is created a Fraud Division which will enforce the provisions of Cal. Penal Code §§ 549 and 550 and administer the provisions of the Insurance Frauds Prevention Act.
Provision for Confidentiality	Ins. §§ 1872.3; 1873.1; 1874.3; 1875.6; 1876.3; 1877.4	Information gathered in accordance with the Insurance Frauds Prevention Act shall not be public record and shall remain confidential until such time as its release is required by a court action.
Insurer Antifraud Activities Required	Ins. § 1875.20; 10 CCR § 2698.35	Every insurer licensed to do business in the state must create and maintain an internal fraud investigation unit. The internal fraud investigation unit must have written antifraud procedures.
Notes		The fraud division is charged with enforcing the provisions of Chapter 12 of the California Insurance Code, commonly referred to as the "Insurance Frauds Prevention Act," California Penal Code, § 549-550 and California Labor Code, § 3700.5.

**INSURANCE FRAUD PREVENTION LAWS**

<b>COLORADO (7/24)</b>		
<b>Department/Bureau responsible:</b> Colorado Bureau of Investigation, Attorney General		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 10-4-1002  § 10-1-128	“Fraudulent insurance act” has the meaning set forth in § 10-1-128 or means the commission of insurance fraud pursuant to § 18-5-211, C.R.S.  A fraudulent insurance act is committed if a person knowingly and with intent to defraud causes to be presented a statement that he or she knows to contain false information or conceals information that pertains to any material fact concerning an application, rating, or claim pursuant to an insurance policy.
Immunity from Liability	§§ 10-1-128; 10-4-1005	No person providing or receiving information pursuant to these fraud prevention provisions, concerning actual or suspected insurance fraud, shall incur civil liability.
Fraud Warning Required	§ 10-1-128(6)(a)	All insurance applications, policies, and claim forms shall contain the following or substantially similar statement: “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”
Reporting of Suspected Fraud	§ 10-4-1003	When a person or insurer has reason to believe that a fire loss or insurance claim is fraudulent, that person may or insurer shall report such information to an authorized agency and the insurance commissioner’s office.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 10-4-1004	Any authorized agency or insurer that receives any information pursuant to these provisions shall hold the information confidential.
Insurer Antifraud Activities Required	§ 10-1-128(5)(a)	Every licensed insurance company in the state of Colorado shall implement an insurance antifraud plan.

## INSURANCE FRAUD PREVENTION LAWS

CONNECTICUT (7/24)		
Department/Bureau responsible: Department of Insurance Health Care Fraud Unit		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§§ 38a-816; 53-442; 53a-215	A person is guilty of insurance fraud when he or she intentionally makes any statement in support of a policy application or benefit claim that he or she knows to be false or misleading.
Immunity from Liability	§ 38a-318 (Arson); § 38a-356 (P/C); § 53-445(d) (Health Ins.)	No person providing information pursuant to this section shall incur civil liability or be subject to criminal prosecution unless there is fraud, actual malice or conduct relating to the release of such information which constitutes a criminal act. No liability for a person reporting fraud or potential fraud concerning motor vehicle policies.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§§ 38a-318; 38a-356; 53-445(a); Bulletin MC-16-95	A person with reason to believe a fraudulent act has occurred may provide and disclose information relating to the fraud or potential fraud to authorized persons.
Statutory Creation of Fraud Unit	§ 38a-8-2	The insurance fraud unit receives, gathers, and reports data on patterns of insurance fraud in Connecticut, and develops and provides outreach programs implemented to aid the public in recognizing, avoiding and reporting suspected insurance fraud.
Provision for Confidentiality	§§ 38a-318; 38a-356	Information furnished pursuant to this section shall remain confidential until its release is required pursuant to court action.
Insurer Antifraud Activities Required	§ 38a-356	Insurers shall provide the insurance commissioner annual reports detailing all information received or investigations conducted by such company during the past year concerning insurance fraud in any claim under a motor vehicle insurance policy.



**INSURANCE FRAUD PREVENTION LAWS**

<b>DELAWARE (7/24)</b>		
<b>Department/Bureau responsible:</b> Delaware Department of Insurance, Insurance Fraud Prevention Bureau		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	18 Del.C. § 2407; 11 Del.C. § 913; 11 Del.C. § 913A	It shall be a fraudulent insurance act for a person to knowingly, by act or omission, and with intent to injure, defraud, or deceive, cause to be presented any statement in support of an insurance transaction containing false information as to a fact that is material to the transaction.
Immunity from Liability	18 Del.C. § 2409	Absent fraud or bad faith, no person shall be subject to civil liability for any information furnished or received relating to suspected or actual insurance fraud, or for information furnished to help detect and prevent fraudulent acts from occurring.
Fraud Warning Required	11 Del.C. § 913	All insurance claims forms shall contain a statement that clearly states in substance the following: "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony." Lack of such statement shall not constitute a defense.
Reporting of Suspected Fraud	18 Del.C. § 2408	An insurer that has a reasonable belief of an act of insurance fraud shall report such fraud to the bureau and any and all information relating to such act.
Statutory Creation of Fraud Unit	18 Del.C. § 2404	The Delaware Insurance Fraud Prevention Bureau is hereby established within the Department of Insurance to conduct independent investigation and examinations aimed at stopping insurance fraud.
Provision for Confidentiality	18 Del.C. § 2406	All information relevant to the insurance fraud investigation shall remain confidential and shall not be subject to public inspection so long as the bureau deems it reasonably necessary for the protection of the public interest.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>DISTRICT OF COLUMBIA (7/24)</b>		
<b>Department/Bureau responsible:</b> Enforcement and Investigation Bureau of the Department of Insurance, Securities and Banking		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 22-3225.02 (insurance fraud in the 1 <sup>st</sup> degree); § 22-3225.03 (insurance fraud in the 2 <sup>nd</sup> degree); § 22-3225.03a (misdemeanor insurance fraud)	A person commits insurance fraud if that person knowingly, and with the intent to defraud, presents false information or conceals information regarding a material fact in an insurance transaction.
Immunity from Liability	§ 22-3225.13	No person shall be subject to civil liability or criminal prosecution for reporting suspected insurance fraud activity if the report was made to a proper authority and without malice.
Fraud Warning Required	§ 22-3225.09	All insurance application forms and claim forms shall contain a conspicuous warning that is substantially similar to the following: “It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person and doing so may result in imprisonment, fines, and the denial of benefits.”
Reporting of Suspected Fraud	§ 22-3225.08	Based upon reasonable belief, a person shall report to the metropolitan police or the department of insurance, actions that may constitute the commission of insurance fraud and shall assist in any investigation by reasonably providing required information.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 22-3225.08	Information provided under this section, is not subject to public inspection so long as the investigating authority deems confidentiality is necessary for the integrity of the investigation or the protection of a person being investigated.
Insurer Antifraud Activities Required	§ 22-3225.09	Every insurer licensed in the district shall submit to the department of insurance and securities regulation an insurance fraud prevention and detection plan.
	§ 22-3225.12	Each insurer licensed in the district shall file with the commissioner an annual antifraud report, which shall contain information about the special investigation unit’s insurance fraud activities during the preceding year.

**INSURANCE FRAUD PREVENTION LAWS**

<b>FLORIDA (7/24)</b>		
<b>Department/Bureau responsible:</b> Florida Department of Insurance, Division of Investigative and Forensic Services		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 626.989	A person commits a fraudulent insurance act if the person knowingly and with intent to defraud causes to be presented any statement in support of an insurance transaction which the person knows to contain materially false information material to the transaction.
Immunity from Liability	§ 626.989(4)(c)	Absent fraud or bad faith, a person who reports suspected fraud activity is not subject to civil liability.
Fraud Warning Required	§§ 817.234; 440.185 (workers' compensation); Bulletin 96-001	All claims and application forms shall contain a statement that is approved by the Office of Insurance Regulation of the Financial Services Commission which clearly states in substance the following: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
Reporting of Suspected Fraud	§ 626.989(6)	Any insurer having [reasonable suspicion] of a fraudulent insurance act shall send to the division of investigative and forensic services a report or information the department may require.
Statutory Creation of Fraud Unit	§ 626.989	Division of investigative and forensic services unit within department of insurance. Power to compel to testify.
Provision for Confidentiality	§ 626.989(5)	The department's investigative materials are confidential and exempt from the provisions of § 199.07(1) until such investigation ceases to be active.
Insurer Antifraud Activities Required	§ 626.9891	By December 31, 2018, every admitted insurer shall establish and maintain a designated anti-fraud division within the company, or contract with other to investigate and report possible fraudulent acts. Adopt an anti-fraud plan. Designate at least one employee with primary responsibility for implementing the requirements of this section. Electronically file with the division of investigative and forensic services of the department, and annually thereafter, a detailed description of the designated anti-fraud unit or division or a copy of the contract executed, a copy of the anti-fraud plan, and the name of the designated employee.
Other Antifraud Statutes	§ 626.9892	The department may pay rewards of up to \$25,000 to persons providing information leading to the arrest of persons committing crimes investigated by the department.

**INSURANCE FRAUD PREVENTION LAWS**

<b>GEORGIA (7/24)</b>		
<b>Department/Bureau responsible:</b> Georgia Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 33-1-9; §§ 33-59-2; 33-59-17 (life settlement)	Any person who knowingly or willfully makes or aids in the making of a materially false statement in making or receiving a claim; application for or rating of an insurance policy; payment, premium or other insurance transactions or engages in the business of insurance without a license, is guilty of insurance fraud.
Immunity from Liability	§ 33-1-16(d)(3); § 33-59-14(d)(1) (life settlement)	In the absence of bad faith, a person is not subject to civil liability for furnishing information relating to suspected or actual insurance fraud, or any information required by this code section or by the commissioner under the authority of this code section.
Fraud Warning Required	§ 33-59-14(b) (life settlement)	Life settlement contracts shall contain the following statement or a substantially similar statement: “Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines or confinement in prison.” The lack of a statement does not constitute a defense in any prosecution for a fraudulent life settlement act.
Reporting of Suspected Fraud	§ 33-1-16(f); § 33-59-14(c) (life settlement)	Insurers or agents or employees thereof must report information regarding suspected fraud to the commissioner. Non-insurers may send information regarding suspected fraud to the commissioner.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 33-1-16(e); § 33-59-14(e)(1) (life settlement)	Investigation documents and evidence shall not be subject to subpoena or public inspection until the commissioner deems such appropriate; subject to Superior Court ruling.
Insurer Antifraud Activities Required	§ 33-59-14(g)(1) (life settlement)	Providers and life settlement brokers shall have in place antifraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent life settlement acts.
Notes	§ 33-1-17	Establishment of a Special Insurance Fraud Fund. Requires each insurance company doing business in the state to pay an assessment into the fund annually. The purpose of the Special Insurance Fraud Fund is to fund the investigation and prosecution of insurance fraud.

## INSURANCE FRAUD PREVENTION LAWS

GUAM (7/24)		
Department/Bureau responsible: Department of Revenue and Taxation, Commissioner of Business and Insurance		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	22 GCA §§ 12110; 12111.1	Any person who shall knowingly swear to, or verify, any false or fraudulent statement, or who, when testifying at any hearing, examination or inquiry pursuant to this Title shall make any false or fraudulent statement, shall be guilty of a felony.
Immunity from Liability	No provision	
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	
Other Antifraud Provisions	22 GCA § 18402	Unless the insurance contract otherwise provides, a person insured is entitled to a return of premium after a policy is cancelled or rescinded when the contract is void or voidable on account of the fraud of the insurer.

**INSURANCE FRAUD PREVENTION LAWS**

<b>HAWAII (7/24)</b>		
<b>Department/Bureau responsible:</b> Hawaii Division of Insurance Fraud Investigation Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 431:2-403	A person commits the offense of insurance fraud if the person: intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation. Insurance fraud is a criminal offense and shall constitute either a Class B or C felony, or misdemeanor, depending on amount obtained or attempted to obtain.
Immunity from Liability	§ 431:2-408	Absent malice or perjury, a person shall not be subject to civil liability for providing information concerning suspected, anticipated, or completed insurance fraud.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 431:2-409	An insurer or employee or agent thereof having determined there is reason to believe a fraudulent claim is being made, shall report to the insurance fraud investigations unit within 60 days.
Statutory Creation of Fraud Unit	§ 431:2-402	There is established in the insurance division an insurance fraud investigations unit. The purpose of the insurance fraud investigations unit shall be to conduct a statewide program for the prevention, investigation, and prosecution of insurance fraud.
Provision for Confidentiality	§ 431:2-409	Information provided pursuant to this section shall be protected from public disclosure.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>IDAHO (7/24)</b>		
<b>Department/Bureau responsible:</b> Idaho Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 41-293	Insurance fraud includes any person who, with intent to defraud or deceive, presents or causes to be presented a materially false statement in connection with an insurance transaction or claim. Any person who commits this offense is guilty of a felony.
Immunity from Liability	§ 41-292(5)	Any person reporting suspected or actual fraud or furnishing information to an agency designed to detect and prevent insurance fraud, shall not be liable as long as such person acted without malice.
Fraud Warning Required	§ 41-1331	All claim forms may contain similar statement to “Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.” Lack of statement does not constitute a defense.
Reporting of Suspected Fraud	§ 41-290	Any insurer which has reason to believe that insurance fraud has been or is being made shall report to the director of insurance within 60 days.
Statutory Creation of Fraud Unit	§ 41-295	The investigation unit of the department of insurance shall investigate and assist in the prosecution of any violations of § 41 in the state.
Provision for Confidentiality	§ 41-296	The department of insurance, which has received information concerning insurance fraud, shall hold such information and the information shall be subject to public inspection according to Ch. 1, Title 74 of the Idaho Code.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

ILLINOIS (7/24)		
Department/Bureau responsible: Illinois Department of Financial and Professional Regulation, Division of Insurance		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	720 ILCS 5/17-10.5 (ins. fraud defined)  740 ILCS 92/5 (Insurance Claims Fraud Prevention Act)	A person commits insurance fraud when he or she knowingly obtains the property of an insurance entity by causing a false claim to be made on a policy.  It is unlawful to knowingly offer or pay any remuneration directly or indirectly, in cash or in kind, to induce any person to procure clients or patients to obtain services or benefits under a contract of insurance or that will be the basis for a claim against an insured person or the person's insurer.
Immunity from Liability	215 ILCS 5/132.7  215 ILCS 5/155.23 (immunity in required reporting)  215 ILCS 5/155.24 (motor vehicle theft and insurance fraud reporting)	No cause of action shall arise against any person for communicating, in good faith, to director or representatives any information concerning suspected fraud. No cause of action shall arise against the director or representatives.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	215 ILCS 5/155.23  215 ILCS 5/155.24 (motor vehicle theft and insurance fraud reporting)	Insurer shall notify director of information pertinent to suspected fraudulent activity. Interested persons may report suspected instances of fraud to the attorney general or division of insurance.
Statutory Creation of Fraud Unit	No provision	

ILLINOIS (cont.)



**INSURANCE FRAUD PREVENTION LAWS**

ILLINOIS (cont.)		
Prevention Laws	Citation	Description
Provision for Confidentiality	215 ILCS 5/401.5 215 ILCS 5/155.24 (motor vehicle theft and insurance fraud reporting)	Documentation and evidence relating to a DOI investigation not subject to public inspection or subpoena until consent by DOI.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

INDIANA (7/24)		
<b>Department/Bureau responsible:</b> Indiana Department of Insurance		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 27-1-3-22	“Fraudulent insurance act” is the presentation of false statement or omission of material fact in support of any claim or application. Fraud is the act or omission of a person, who knowingly and with intent to defraud, presents, causes to be presented, or prepares an oral or written statement the person knows to contain materially false information.
Immunity from Liability	§§ 27-1-3-22; 27-2-19-7	A person who acts in good faith is not subject to liability for furnishing information concerning suspected, anticipated, or completed fraudulent insurance activity.
Fraud Warning Required	§ 27-2-16-3	Claim forms must contain “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.” Lack of a statement does not constitute a defense.
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

IOWA (7/24)		
Department/Bureau responsible: Insurance Fraud Bureau, Iowa Division of Insurance		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 507E.3	It is a Class D felony for any person, with intent to defraud an insurer, to commit the following act: present any material information knowing that such document or statement contains any false information concerning a material fact in support of claim of benefit or application.
Immunity from Liability	§ 507E.7	A person acting without malice, fraudulent intent, or bad faith is not civilly liable as a result of furnishing information concerning alleged acts in violation of this chapter.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 507E.6	An insurer shall provide information regarding suspected fraud on the prescribed form within 60 days of such information.
Statutory Creation of Fraud Unit	§ 507E.2	An insurance fraud bureau is created within the insurance division.
Provision for Confidentiality	§ 507E.5	All investigative information in possession of the bureau is confidential and is not subject to subpoena until opened to public inspection by the bureau.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

KANSAS (7/24)		
Department/Bureau responsible: Kansas Insurance Department, Antifraud Division		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 40-2,118(a)	An act committed by any person who, knowingly and with intent to defraud, causes to be presented any materially false statement in support of a benefit claim, rating, or application.
Immunity from Liability	§ 40-2,119	In absence of bad faith or malice no person or insurer shall be subject to civil liability for libel or slander for providing information to the commissioner or NAIC concerning suspected fraudulent activity, or for furnishing information to agencies designed to detect and prevent insurance fraud.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 40-2,118(b) & (c)	An insurer shall report suspected fraud. Any other person may report suspected fraud to the commission on a form prescribed by the commissioner, and any and all information relating to such act as the commissioner may request.
Statutory Creation of Fraud Unit	§ 40-113	There is hereby established within the Insurance Department a Criminal Antifraud Division of the Kansas Insurance Department.
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	§ 40-2,118(d)	Each insurer shall have antifraud initiatives reasonably calculated to detect fraudulent insurance acts. Options to fulfill statutory requirement include fraud investigators and/or an antifraud plan.

## INSURANCE FRAUD PREVENTION LAWS

KENTUCKY (7/24)		
Department/Bureau responsible: Kentucky Office of Insurance, Insurance Fraud Investigation Division		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 304.47-020	Any person who knowingly and with intent to defraud or deceive any insurer or any other person files an application or benefit claim containing any materially false information or conceals any material fact commits insurance fraud.
Immunity from Liability	§ 304.47-050 (in reporting); § 304.47-060 (general)	In absence of malice, fraud, gross negligence, no person shall be subject to civil liability for slander, libel or related cause of action by virtue of providing information when he/she has knowledge or believes a fraudulent act is being or has been committed.
Fraud Warning Required	§ 304.47-030	All applications and claims forms shall contain a statement in a form approved by the department of insurance that clearly states in substance the following: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”
Reporting of Suspected Fraud	§ 304.47-050	Any insurer, medical review committee, professional practitioner, or employee thereof shall report knowledge of suspected fraud. Any other person may report suspected fraud.
Statutory Creation of Fraud Unit	§ 304.47-040	There is created within the office of insurance a division of insurance fraud investigation which shall have general police powers coextensive with the state.
Provision for Confidentiality	§ 304.47-055	Materials in the possession of the commissioner pursuant to this subtitle shall not be subject to the Open Records Act, subpoena, or discovery unless a court determines that director would not be unduly hindered.
Insurer Antifraud Activities Required	§ 304.47-080; 806 KAR 47:010	Insurers must maintain fraud investigation units and may include employees whose principle responsibility is the investigation and disposition of claims. Insurers are required to have procedures and an antifraud strategy. A written report detailing the insurer approach is required.

## INSURANCE FRAUD PREVENTION LAWS

LOUISIANA (7/24)		
Department/Bureau responsible: Department of Insurance, Section of Insurance Fraud		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	LSA-R.S. 22:1923	"Fraudulent insurance act" shall include but not be limited to acts or omissions committed by any person who, knowingly and with intent to defraud: presents any materially false statement in support of an application, claim, rating, or other insurance transaction.
Immunity from Liability	LSA-R.S. 22:1928	No person acting in good faith and without malice shall be liable for any civil tort as a result of furnishing information concerning a suspected, anticipated, or completed fraudulent insurance act.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	LSA-R.S. 22:1926	Any person who believes that a fraudulent claim is being made shall, within 60 days, send to the office of insurance fraud the information and any related information.
Statutory Creation of Fraud Unit	LSA-R.S. 22:1921	The purpose of this part is to create within the department of insurance an office of insurance fraud.
Provision for Confidentiality	LSA-R.S. 22:1927	Materials relating to an ongoing investigation shall not be subject to public inspection or subpoena until the section of insurance fraud releases such material for public inspection.
Insurer Antifraud Activities Required	LSA-R.S. 22:572.1	Every insurer, other than a “small company” as defined in R.S. 22:46, is required to prepare, implement, maintain, and file with the commissioner a fraud prevention plan.

**INSURANCE FRAUD PREVENTION LAWS**

<b>MAINE (7/24)</b>		
<b>Department/Bureau responsible:</b> Maine Bureau of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	24-A M.R.S.A. § 2186	Acts or omissions committed knowingly and with intent to defraud that cause to be presented any materially false fact in support of a claim, rating, application, payments, premiums or any transaction with an insurer or state insurance regulator.
Immunity from Liability	24-A M.R.S.A. § 2187	In the absence of fraud, malice, or bad faith, any person that furnished information concerning suspected, anticipated, or completed insurance fraud is not liable for any damages in civil action.
Fraud Warning Required	24-A M.R.S.A. § 2186	All applications and claim forms must contain a statement substantially similar to the following: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.” Lack of statement does not constitute a defense.
Reporting of Suspected Fraud	24-A M.R.S.A. § 2186	Insurers required to file an annual fraud report to the superintendent providing an aggregate summary of instances of insurance fraud.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	24-A M.R.S.A. § 2187	An authorized agency or insurer that receives any information pursuant to this section shall hold it in confidence and may not release the information, except to another authorized agency, until its release is required for a criminal or civil proceeding.
Insurer Antifraud Activities Required	24-A M.R.S.A. § 2186	Every insurer shall implement an antifraud plan to prevent, detect, and investigate all forms of insurance fraud; educate appropriate employees on the fraud plan; provide for the procurement of fraud investigators; and report insurance fraud to appropriate authorities.

**INSURANCE FRAUD PREVENTION LAWS**

<b>MARYLAND (7/24)</b>		
<b>Department/Bureau responsible:</b> Maryland Insurance Administration, Insurance Fraud Division		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	Ins., §§ 27-401 to 27-408	It is a fraudulent insurance act to knowingly fail to return payment for insurance not provided; present false information in support of a claim or application; misappropriate funds or benefits; or willfully collect premiums in excess of the amount applicable to the provided coverage.
Immunity from Liability	Ins., § 27-802	A person is not subject to civil liability for reporting suspected insurance fraud as long as the information was reported to a proper authority and was reported in good faith.
Fraud Warning Required	Ins., § 27-805	All applications and claim forms shall contain a statement substantially similar to the following: “Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” Lack of statement does not constitute a defense.
Reporting of Suspected Fraud	Ins., § 27-802	Insurers who in good faith have cause to believe fraud has been or is being committed shall report the suspected insurance fraud to the commissioner, fraud division, or appropriate authorities.
Statutory Creation of Fraud Unit	Ins., §§ 2-401 to 2-408	There is an insurance fraud division in the administration.
Provision for Confidentiality	Ins., § 27-802	Any information provided in connection with an investigation of suspected insurance fraud is not subject to public inspection for so long as the commissioner, fraud division deems it necessary.
Insurer Antifraud Activities Required	Ins., § 27-803	Each insurer that has in force policies or certificates of insurance in the state shall institute and maintain an insurance antifraud plan designed to prevent, report, and cooperate in the prosecution of insurance fraud.



**INSURANCE FRAUD PREVENTION LAWS**

<b>MASSACHUSETTS (7/24)</b>		
<b>Department/Bureau responsible:</b> Division of Insurance, Insurance Fraud Bureau		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	M.G.L.A. 175H § 2 (health care fraud)  M.G.L.A. 266 § 111B (p/c)	Any person who knowingly and willfully makes a false claim for payment on a health care claim has committed fraud.  Whoever, in connection with or in support of any application for or claim under any motor vehicle, theft or comprehensive insurance policy issued by an insurer, and with intent to injure, defraud or deceive such insurer knowingly presents to it, or aids or abets in or procures the presentation to it of, any notice, statement, or proof of loss, whether or not the same is under oath or is required or authorized by law or the terms of such policy, knowing that such notice, statement or proof of loss contains any false or fraudulent statement or representation of any fact or thing material to such application or claim, shall be punished by imprisonment in the state prison for not more than 5 years or by imprisonment in the house of correction for not less than 6 months nor more than 2 1/2 years or by a fine of not less than \$1,000 nor more than \$10,000, or by both such fine and imprisonment.
Immunity from Liability	M.G.L.A. 175 § 4(17)	No liability imposed on a person for communicating information in good faith in the examination of insurance companies.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	M.G.L.A. 266 § 111B note	Automobile Insurance Bureau of Massachusetts, the Workers' Compensation Rating and Inspection Bureau of Massachusetts, and the Public Employee Retirement Administration Commission are hereby authorized to create an Insurance and Pension Fraud Bureau with the powers and duties specified in this section for the prevention and investigation of fraudulent insurance transactions and disability pension payments.
Provision for Confidentiality	M.G.L.A. 175 § 4(12)	Confidential and only open to commissioner with access granted to the NAIC, insurance department or other state or country or law enforcement in the examination of insurance companies.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

MICHIGAN (7/24)		
Department/Bureau responsible: Department of Energy, Labor & Economic Growth, Office of Financial and Insurance Regulation		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 500.4503	An act or omission committed by any person who knowingly and with intent to injure, defraud, or deceive causes to be presented any materially false statement concerning an application for an insurance policy, policy claim, insurer assets or records.
	§ 752.1003 (Health Care False Claims Act)	A person shall not make or present or cause to be made or presented to a health care corporation or health care insurer a claim for payment of health care benefits knowing the claim to be false.
Immunity from Liability	§ 500.4509 (insurance fraud); § 752.1008a (health care false claims)	A person acting without malice is not subject to liability for filing a report or requesting or furnishing orally or in writing other information concerning suspected or completed insurance fraud, if the reports or information are provided to or received from the insurance bureau, the National Association of Insurance Commissioners, any federal, state, or governmental agency established to detect and prevent insurance fraud, as well as any other organization, and their agents, employees, or designees, unless that person knows that the report or other information contains false information pertaining to any material fact or thing.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 500.4507	If an insurer knows or reasonably believes an act of insurance fraud has been or is being committed, the insurer may inform an authorized agent and provide any supplemental information needed.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>MINNESOTA (7/24)</b>		
<b>Department/Bureau responsible:</b> Commerce Fraud Bureau		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 60A.951	When a person causes to be presented to any insurer a statement containing materially false information concerning: an application for policy; rating; claim; premiums; or other payment made in accordance with policy terms.
Immunity from Liability	§ 60A.952	Insurers or other authorized persons who release information in good faith when they suspect an act of insurance fraud will be, is being, or has been committed are immune from civil or criminal liability.
Fraud Warning Required	§ 60A.955	All claim forms should contain: “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.” Lack of statement does not constitute a defense.
Reporting of Suspected Fraud	§ 60A.952	Any insurer or other authorized person with reason to believe that insurance fraud has been or is being committed shall report such information to the commerce fraud bureau.
Statutory Creation of Fraud Unit	§ 45.0135	The commissioner may appoint peace officers and establish a law enforcement agency known as the commerce fraud bureau, to conduct investigations, and to make arrests. The jurisdiction of the law enforcement agency is limited to offenses related to insurance fraud.
Provision for Confidentiality	§ 45.0135	Confidentiality and immunity. The provisions of chapter 13, including, but not limited to, § 13.82 [general law enforcement confidentiality and immunity provisions], apply to the classification, disclosure, and collection of data relating to the commerce fraud bureau.
Insurer Antifraud Activities Required	§ 60A.954	An insurer shall institute, implement, and maintain an antifraud plan with procedures to prevent and report insurance fraud and cooperate with the prosecution of such cases. Subject to review and approval of the commissioner.

## INSURANCE FRAUD PREVENTION LAWS

MISSISSIPPI (7/24)		
Department/Bureau responsible: Insurance Integrity Enforcement Bureau, Office of the Attorney General		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 7-5-303  § 7-5-309 (penalties)	<p>Person shall not knowingly conspire to defraud an insurer in connection with the payment of benefits. Person shall not bribe insurance officials. Entity shall not fraudulently deny payment of a claim.</p> <p>A person violating § 7-5-303 is guilty of a felony and shall be imprisoned for a maximum of 3 years, or fined not more than \$5,000 or double the value of the fraud, whichever is greater, or both. Sentences imposed for convictions of separate offenses under §§ 7-5-301 through 7-5-311 may run consecutively.</p> <p>If the defendant violating § 7-5-303 is an organization, then it shall be subject to a fine of not more than \$150,000 for each violation.</p> <p>The court, in addition to the criminal penalties imposed under this section, shall assess against the convicted defendant double those reasonable costs that are expended by the IIEB or the district attorney's office in the investigation of such case.</p>
Immunity from Liability	No provision	
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 7-5-307	W/C provider and health provider or other person may report if they have a belief of or any information regarding a fraudulent denial or statement of fraud to insurance integrity enforcement bureau.
Statutory Creation of Fraud Unit	§ 7-5-301	There is created within the office of the attorney general an insurance integrity enforcement bureau. The duty of the bureau is to investigate and prosecute claims of insurance abuses and crimes.
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>MISSOURI (7/24)</b>		
<b>Department/Bureau responsible:</b> Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 375.991	A person knowingly causes to be presented to an insurer any materially false statement in support of a policy application, claim, rating, or other policy transaction including fraudulent billing or claim filing practices.  A fraudulent insurance act for a first offense is a Class E felony and a person who is found guilty of a fraudulent insurance act who has previously been found guilty of a fraudulent insurance act shall be guilty of a Class D felony.
Immunity from Liability	§ 375.993	No insurer or person acting without malice shall be subject to civil liability as a result of furnishing information regarding suspected or anticipated fraud required by the department of insurance.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 375.992	Any company that believes a fraudulent claim is being made shall, within 60 days of such notice, send to the department of insurance the information the department may require to investigate the fraud.
Statutory Creation of Fraud Unit	§ 375.991	The department of insurance may investigate and prosecute suspected fraud, may administer oaths and issue subpoenas in pursuit thereof.
Provision for Confidentiality	§ 375.993	The department's documentation related to an investigation are not subject to public inspection for so long as the department deems reasonably necessary to complete the investigation and legal action.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>MONTANA (7/24)</b>		
<b>Department/Bureau responsible:</b> Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 33-1-1202	It is insurance fraud to cause or assist, abets, solicit, or conspire with another to prepare or make any written or oral statement containing false, incomplete, or misleading information concerning any fact that is intended to be presented to any insurer or purported insurer or in connection with, material to, or in support of any claim for payment. It is fraud to accept premium money knowing that coverage will not be provided, or, as a health care provider, submits a false or altered bill or report of physical condition to an insurer.
Immunity from Liability	§ 33-1-1210	In the absence of malice, an insurer, an officer, employee, or producer of the insurer, an independent adjuster, an administrator, a consultant, or any private person is not subject to civil liability for filing reports, providing information, or otherwise cooperating with an investigation or examination of insurance fraud conducted by the commissioner.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 33-1-1205	Persons connected with the insurance industry who have reason to believe insurance fraud has been or is being committed shall report all relevant information pertaining to such fraud to the commissioner within 60 days.
Statutory Creation of Fraud Unit	§ 33-1-1203	The commissioner may investigate and prosecute insurance fraud.
Provision for Confidentiality	§ 33-1-1203	Materials or other evidence relative to the subject of an insurance fraud investigation shall be treated as confidential criminal justice information as defined in § 44-5-103.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>NEBRASKA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Prevention Division		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 44-6604	A person or entity commits a fraudulent insurance act by knowingly and with intent to defraud, causes to be presented any statement in support of or in denial of a claim knowing that the statement contains misleading information that is material to the claim; receiving money for the purpose or purchasing insurance and converting it to the person's own benefit or willfully embezzling, abstracting, purloining, misappropriating, or converting money, funds, premiums, credits, or other property of an insurer; issuing or possessing fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; defrauding or deceiving by removing, concealing, altering, diverting, or destroying assets or records of an insurer.
	§ 44-6607	A person or entity having committed a fraudulent insurance act is subject to a civil penalty of \$5,000 for the first violation, \$10,000 for the second violation, and \$15,000 for each subsequent violation. Costs and expenses incurred arising out of a violation under the Insurance Fraud Act may be sought in any final result. The court may make additional orders or judgments as necessary to restore to any person in interest any compensation which may have been acquired by means of any prohibited act.
Immunity from Liability	§ 44-6605	Any person, whose activities include the investigation or reporting of insurance fraud, acting without malice, fraudulent intent, or bad faith shall be immune from civil liability.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	§ 44-6606	In order to investigate activities involving insurance fraud, the director shall appoint a staff to be known as the insurance fraud prevention division. They may administer oaths and subpoena witnesses.
Provision for Confidentiality	§ 44-6606	The materials and evidence of the department regarding the subject of an investigation of insurance fraud shall not be subject to public inspection for so long as the director deems necessary in the public interest.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

NEVADA (7/24)		
<b>Department/Bureau responsible:</b> Nevada Office of Attorney General		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 686A.2815	Insurance fraud is knowingly and willfully causing to be presented a statement to an insurer or producer that is false or misleading; causing to be presented fraudulent claims or employing a person to commit a fraudulent act. Accepting any proceeds under a policy of insurance issued pursuant to this title shall constitute as insurance fraud, if the person accepting the proceeds knows that they are derived from any act or omission considered to be insurance fraud.
Immunity from Liability	§ 679B.670	Any person disclosing information on a fraudulent claim, without malice, is not subject to criminal penalty or civil liability.
Fraud Warning Required	§ 686A.315 (health care claims)	Any person who misrepresents or falsifies essential information requested on this form may, upon conviction, be subject to a fine and imprisonment under state or federal law, or both. The failure to provide any of the statements required by this section is not a defense in a prosecution for insurance fraud.
Reporting of Suspected Fraud	§ 686A.283	Insurer shall report any information concerning insurance fraud to the commissioner and attorney general on a form prescribed by the commissioner and attorney general.
Statutory Creation of Fraud Unit	§ 228.412 § 679B.630	Attorney general shall establish a fraud control unit for insurance. Insurance department also shall have an investigative unit.
Provision for Confidentiality	§ 679B.690	Records related to an investigation are confidential until and unless released by the prosecuting attorney or a court order.
Insurer Antifraud Activities Required	No provision	



## INSURANCE FRAUD PREVENTION LAWS

NEW HAMPSHIRE (7/24)		
Department/Bureau responsible: Insurance Fraud Investigation Unit		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 638:20  § 638:20 (penalties)	A person is guilty of insurance fraud, if, such person knowingly and with intent to injure, defraud or deceive any insurer, conceals or causes to be concealed from any insurer a material statement, or presents or causes to be presented to any insurer, or prepares with knowledge or belief that it will be so presented, any written or oral statement including computer-generated documents, knowing that such statement contains any false, incomplete or misleading information.  Insurance fraud is a Class A felony if the value of the fraudulent portion of the claim for payment or other benefit pursuant to an insurance policy is more than \$1,500; a Class B felony if the value of the fraudulent portion of the claim for payment or other benefit pursuant to an insurance policy is more than \$1,000, but not more than \$1,500; a misdemeanor in all other cases.
Immunity from Liability	§ 417:28 (immunity pursuant to required reporting)  § 400-A:36-b (general immunity in fraud reporting)	In the absence of fraud or malice, no person who furnishes information pursuant to this section shall be liable for damages in a civil action or subject to criminal prosecution.
Fraud Warning Required	§ 402:82	All insurance claim forms shall contain the following statement: Any person who with intent to defraud, files a claim containing false or misleading information, is subject to prosecution for insurance fraud.
Reporting of Suspected Fraud	§ 417:28	Any person regulated under [this chapter] who has reason to believe that an insurance fraud has been committed shall make a report to the commissioner within 60 days.
Statutory Creation of Fraud Unit	§ 417:23	There is established within the department of insurance the insurance fraud investigation unit.
Provision for Confidentiality	§ 417:29	The unit's materials or evidence relative to an investigation of insurance fraud shall remain confidential and privileged and shall not be subject to public inspection, subpoena, or discovery.
Insurer Antifraud Activities Required	§ 417:30	Except for insurers writing only credit, home warranty, travel, or title insurance, every insurer licensed in this state shall have antifraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent insurance acts. Included insurers must have a written antifraud plan. Upon request, this plan shall be furnished to the commissioner.

**INSURANCE FRAUD PREVENTION LAWS**

<b>NEW JERSEY (7/24)</b>		
<b>Department/Bureau responsible:</b> Bureau of Fraud Deterrence		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	<p>§§ 2C:21-4.6; 17:33A-4</p> <p>§ 2C: 21-4.6 (penalties)</p>	<p>It is a crime to present a false statement of material fact in support of or in opposition to a claim, application, finance transaction, or other record in an insurance transaction. A person violates this act if, for pecuniary gain, for himself or another, he directly or indirectly solicits any other person to engage in a fraudulent act.</p> <p>Insurance fraud is a second-degree crime if the person knowingly commits five or more acts of insurance fraud and if the aggregate value of property, services or other benefit wrongfully obtained or sought is at least \$1,000. Otherwise, insurance fraud in violation of subsection a. of this section is a third-degree crime and insurance fraud in violation of subsection b. of this section is a crime of the fourth degree. Each act of insurance fraud shall constitute an additional, separate, and distinct offense, except that five or more separate acts may be aggregated to establish liability. Multiple acts of insurance fraud which are contained in a single record shall each constitute an additional, separate, and distinct offense.</p>
Immunity from Liability	§ 17:33A-9	Any person who believes that a violation of this act has been or is being made shall notify the bureau and the office of the insurance fraud prosecutor immediately after discovery of the alleged violation of this act. No person shall be subject to civil liability for libel, violation of privacy or otherwise by virtue of the filing of reports or furnishing of other information, in good faith and without malice, required by this section or required by the bureau or the office of the insurance fraud prosecutor as a result of the authority conferred upon it by law.
Fraud Warning Required	§ 17:33A-6	Insurance claim forms shall contain a statement that clearly states in substance the following: “Any person who knowingly files a claim containing false or misleading information is subject to criminal and civil liability.” Insurance application forms shall contain a statement that clearly states in substance the following: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”
Reporting of Suspected Fraud	§ 17:33A-9	Any person who believes that a violation of this act is being made shall notify the bureau immediately and send to the bureau the information relative to the alleged violation as the division may require.
Statutory Creation of Fraud Unit	<p>§ 17:33A-8</p> <p><i>See also</i> § 17: 33A-16</p>	<p>There is established in the department of banking and insurance the bureau of fraud deterrence.</p> <p>There is established in the division of criminal justice in the department of law and public safety the office of the insurance fraud prosecutor.</p>

**NEW JERSEY (cont.)**

## INSURANCE FRAUD PREVENTION LAWS

NEW JERSEY (cont.)		
Prevention Laws	Citation	Description
Provision for Confidentiality	§ 17:33A-11	Evidence relative to the subject of an investigation under this act shall not be subject to public inspection except as specifically provided by this act.
Insurer Antifraud Activities Required	§ 17:33A-15	Every health or auto insurer in this state shall file with the commissioner a plan for the prevention and detection of fraudulent insurance applications and claims; subject to the approval by commissioner to be issued within 90 days. The commissioner may impose a penalty of up to \$25,000 per violation on any insurer for: failure to submit, amend, or implement a plan in a reasonable manner and within a reasonable time period.

**INSURANCE FRAUD PREVENTION LAWS**

<b>NEW MEXICO (7/24)</b>		
<b>Department/Bureau responsible:</b> New Mexico Insurance Fraud Bureau of the New Mexico Board of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 59A-16C-3	Insurance fraud means any act or practice in connection with an insurance transaction that constitutes a crime under the Criminal Code or the Insurance Code.
Immunity from Liability	§ 59A-16C-7	Except when a person intentionally communicates false information he actually believes to be false, a person shall not be subject to liability by virtue of reporting or furnishing, orally or in writing, information concerning suspected, anticipated or completed insurance fraud acts.
Fraud Warning Required	§ 59A-16C-8	All claim forms and application shall contain a statement substantially as follows: “Any person who knowingly presents false information in a claim or application is guilty of a crime and subject to civil and criminal penalties.” The failure to include that statement shall not constitute a defense against prosecution for commission of insurance fraud.
Reporting of Suspected Fraud	§ 59A-16C-6	Every insurer or licensed insurance professional that has a reasonable belief that an act of insurance fraud has been committed shall furnish information about it to the superintendent. Failure to do so shall constitute grounds for the superintendent to impose an administrative penalty in addition to suspension, revocation or denial of a license or certificate of authority. Other persons may report.
Statutory Creation of Fraud Unit	§ 59A-16C-5	The superintendent may select and contract with investigative personnel and prosecutors to discharge the superintendent’s duties pursuant to the provisions of the Insurance Fraud Act.
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	§ 59A-16C-10	Every insurer who in the previous year reported \$10 million or more in premiums shall implement and submit to the superintendent a written antifraud plan reasonably calculated to detect, prevent, and prosecute insurance fraud.

**INSURANCE FRAUD PREVENTION LAWS**

<b>NEW YORK (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Bureau of the Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	Penal Law § 176.05	Knowingly and with intent to defraud causes to be presented any statement in support of an application, rating, claim, payment of benefit, which contains materially false information or omits information as to any material fact.
Immunity from Liability	N.Y. FIN. SERV. § 405	Absent fraud or bad faith, a person is not subject to civil liability and no civil cause of action shall arise for reporting suspected fraud.
Fraud Warning Required	Ins. Law § 403	All applications and claim forms shall contain a notice approved by the superintendent that says substantially: “Any person who knowingly and with intent to defraud insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.”
Reporting of Suspected Fraud	Ins. Law § 405	Any person licensed or engaged in the business of insurance must report within 30 days of learning of suspected fraudulent act to the fraud bureau.
Statutory Creation of Fraud Unit	N.Y. FIN. SERV. § 402	In order to more thoroughly uncover, investigate and eliminate the myriad financial frauds that may be perpetrated in, and may involve the people of, New York state, the legislature finds that it is appropriate that the responsibilities of the insurance fraud bureau and the criminal investigations bureau that were administered by the department of insurance and the department of banking, respectively, prior to the enactment of this article, be consolidated into a new financial fraud and consumer protection unit under the supervision of the superintendent.
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	Ins. Law § 409	Every insurer shall implement a plan for the detection, investigation, and prevention of insurance fraud. The written plan must be submitted to department. If an insurer fails to submit a plan or fails to implement the provisions of a plan the superintendent may impose a fine of not more than \$2,000 per day for such failure, or impose upon the insurer to implement a fraud detection and prevention plan, or both. Every insurer required to file a fraud prevention plan shall report to the superintendent annually describing the insurer's experience, performance and cost effectiveness in implementing the plan. Upon consideration, the superintendent may require amendments to the insurer's fraud prevention plan as deemed necessary.

**INSURANCE FRAUD PREVENTION LAWS**

<b>NORTH CAROLINA (7/24)</b>		
<b>Department/Bureau responsible:</b> Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 58-2-161	Any person who, with intent to injure, defraud, or deceive an insurer or insurance claimant, causes to be presented a statement, in support of, or in opposition to a claim for payment of benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information material to such claim. If the claim amount is under \$100,000, it is a Class H felony, and if the claim amount is above \$100,000, it is a Class C felony.
	§ 58-2-162 (insurance agents)	Any insurance agent, broker, or administrator embezzling or fraudulently converting to his own use, or, intending to use or embezzle, takes, secretes, or otherwise disposes, or fraudulently withholds, appropriates, lends, invests, or otherwise uses or applies \$100,000 or more received by him acting as an agent, broker, or administrator, shall be guilty of a Class C felony. If the consideration's value is under \$100,000, violation is a Class H felony.
Immunity from Liability	§ 58-2-163	Whenever any other person licensed or registered knows or has reasonable cause to believe that any other person has committed fraud, it is the duty of such person to notify the commissioner and provide a complete statement of all of the relevant facts and circumstances. Such report is a privileged communication, and when made without actual malice does not subject the person to any liability whatsoever. The commissioner may suspend, revoke, or refuse to renew the license of any licensee who willfully fails to comply with this section.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 58-2-163	Whenever a person connected with the insurance industry knows or has reason to believe that a person has committed insurance fraud, it is the duty of that person to report all relevant facts to the commissioner.
Statutory Creation of Fraud Unit	§ 58-2-1	The department is hereby established and charged with the execution of laws relating to insurance.
Provision for Confidentiality	§ 58-2-100	Information relating to an investigation of fraud shall not be public record and shall be made available to the public only upon court order of court of competent jurisdiction.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

NORTH DAKOTA (7/24)		
Department/Bureau responsible: North Dakota Insurance Fraud Unit of the Department of Insurance		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 26.1-02.1-01	Fraudulent insurance act includes a person knowingly and with intent, causing to be presented, false or misleading information in support of an application for the issuance of a policy, the rating of a policy, a claim, premiums, or other payment pursuant to an insurance policy.
	§ 26.1-02.1-05 (penalties)	Committing a fraudulent insurance act is a Class C felony if the value of any property or services retained exceeds \$1,000 but does not exceed \$10,000 and a Class A misdemeanor in all other cases.
Immunity from Liability	§ 26.1-02.1-04	A person acting without malice is not subject to liability by virtue of furnishing information pertaining to any fraudulent insurance act.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 26.1-02.1-06	Persons engaged in the business of insurance shall and persons not engaged in the business of insurance may report suspected insurance fraud to the commissioner.
Statutory Creation of Fraud Unit	§ 26.1-02.1-08	The North Dakota Insurance Fraud Unit is established with the Department of Insurance and the commissioner may appoint director and staff to carry out its duties and responsibilities under this chapter.
Provision for Confidentiality	§ 26.1-02.1-07	Materials obtained by the commissioner in an investigation of insurance fraud are not subject to discovery or subpoena.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

OHIO (7/24)		
Department/Bureau responsible: Ohio Department of Insurance – Fraud Unit		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 3999.31	An act committed knowingly with intent to defraud an insurer by submitting or causing to be presented a statement containing false or misleading information with purpose of obtaining benefit or money.
Immunity from Liability	§ 3999.31	Absent fraud or bad faith, not subject to civil liability for reporting suspected fraud to proper authorities, including superintendent, NAIC, or organization established to detect insurance fraud.
Fraud Warning Required	§ 3999.21	Applications and claim forms shall contain substantially as follows: “Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or false claim containing a false or deceptive statement is guilty of insurance fraud.” The absence of a warning as described does not constitute a defense in a prosecution of insurance fraud.
Reporting of Suspected Fraud	§ 3999.42	Insurer must report reasonable belief of fraud to department of insurance. The notification required by this section shall be made in accordance with rules adopted by the department of insurance.
Statutory Creation of Fraud Unit	§ 3901.03	Superintendent shall appoint a warden and operate office of warden to investigate all violations of insurance law.
Provision for Confidentiality	§ 3901.045	Reports and documents pertaining to investigations are confidential but are open for public inspection except that the superintendent may share and disclose such a document or information when authorized by other sections of the Revised Code.
Insurer Antifraud Activities Required	§ 3999.41	Every insurer shall adopt an antifraud program which shall identify the procedures to be followed and the personnel responsible for such duties within 90 days after either obtaining its license to transact business or after beginning to engage in the business of insurance within this state and shall thereafter maintain such a written plan.



**INSURANCE FRAUD PREVENTION LAWS**

<b>OKLAHOMA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Department Antifraud Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	21 Okl.St.Ann. § 1662	Any person who presents or causes to be presented a false or fraudulent claim or proof in support of such claim is guilty of a felony punishable by imprisonment in the state penitentiary not exceeding 3 years, or by a fine not exceeding twice the amount of the aggregated loss sum, or both.
Immunity from Liability	36 Okl.St.Ann. § 363	In the absence of fraud, bad faith, reckless disregard for the truth or actual malice, no person or entity shall be liable for civil damages or subject to criminal penalty for furnishing information about suspected insurance fraud to the antifraud division of the insurance department.
Fraud Warning Required	36 Okl.St.Ann. § 3613.1	Policy and claim form shall state in substance: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.” The absence of such a statement shall not constitute a defense in any prosecution.
Reporting of Suspected Fraud	36 Okl.St.Ann. § 363	Any insurer who has reason to believe that a person or entity has engaged in insurance fraud shall immediately notify the antifraud unit of the insurance department.
Statutory Creation of Fraud Unit	36 Okl.St.Ann. § 361	There is hereby created within the insurance department under the control of the insurance commissioner an antifraud unit.
Provision for Confidentiality	36 Okl.St.Ann. § 361	Documents and evidence held by the antifraud division relevant to an inquiry or investigation shall not be subject to public inspection but shall be subject to court order.
Insurer Antifraud Activities Required	No provision	

## INSURANCE FRAUD PREVENTION LAWS

OREGON (7/24)		
<b>Department/Bureau responsible:</b> Oregon Insurance Division		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	No provision	
Immunity from Liability	§ 731.594	Unless it is shown that a person, including an insurer, has acted with actual malice, a person who discloses or provides information under ORS § 731.592 has immunity from any civil liability that might otherwise be incurred.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 731.592	If an insurer has reason to believe that criminal conduct has been, is being, or will be committed, the insurer shall notify the appropriate agency, unless such information is privileged.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>PENNSYLVANIA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Prevention Authority		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	18 Pa.C.S.A. § 4117(a)  18 Pa.C.S.A. § 4117(j) (penalties)	Knowingly and with intent to defraud a government agency or insurer an insured causes to be presented any statement that contains false, incomplete, or misleading information concerning a claim or other insurance transaction.  If a person is found to have committed a fraudulent insurance act, that individual will be fined \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for each subsequent violation. The imposition of any fine or other remedy shall not preclude prosecution for a violation of criminal laws.
Immunity from Liability	40 P.S. § 325.47 40 P.S. § 325.24  <i>See also:</i> 75 Pa.C.S.A. § 1818 (fraud plans)	In the absence of malice, persons or organizations providing information to or cooperating with the section, shall not be subject to civil or criminal liability for supplying the information.
Fraud Warning Required	18 Pa.C.S.A. § 4117(k)	All applications for insurance and all claim forms shall contain or have attached thereto the following notice: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”
Reporting of Suspected Fraud	75 Pa.C.S.A. § 1817 40 P.S. §§ 325.44; 325.45	Where an insurer, employee, agent, or broker has reason to believe an act of insurance fraud has occurred, shall report the incident of suspected fraud to federal, state, or local law enforcement authorities.
Statutory Creation of Fraud Unit	40 P.S. § 325.21	There is hereby created a body corporate and politic to be known as the insurance fraud prevention authority.
Provision for Confidentiality	75 Pa.C.S.A. § 1816 40 P.S. § 325.43	The antifraud plans and reports insurers file with the department and any materials related to such filings are not public record and shall not be subject to public inspection.
Insurer Antifraud Activities Required	75 Pa.C.S.A. §§ 1811 to 1813	Each insurer licensed to write motor vehicle insurance shall institute and maintain an antifraud plan to be filed with the department, which shall be reasonably designed to prevent, detect, report, and prosecute fraud. Subject to review by the commissioner.

**INSURANCE FRAUD PREVENTION LAWS**

<b>PUERTO RICO (7/24)</b>		
<b>Department/Bureau responsible:</b> Puerto Rico Office of the Insurance Commissioner, Special Antifraud Investigation Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	26 L.P.R.A. § 2719	No person may file, present, offer, participate in or help to file, present or offer any false document, information, statement or report in order to obtain an insurance policy. Any person who knowingly incurs in the acts described above shall be deemed to have committed fraud for the purpose of this chapter.
Immunity from Liability	26 L.P.R.A. § 2727a	Except when it has been demonstrated that gross negligence has been incurred no extra-contractual civil liability may be imposed to any person who in good faith and under the provisions of this code provides information to the insurance commissioner or to any law enforcement agency about fraudulent acts related to the insurance business that have been committed, are being committed or are going to be committed.
Fraud Warning Required	26 L.P.R.A. § 2732	Insurers and health service organizations are bound to include in every insurance application form and in every insurance claim form, a conspicuous and legible notice with the following information: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years. Noncompliance will result in administrative fines. Failure to include this notice on the indicated forms shall not constitute a defense for the insured or the third-party claimant.
Reporting of Suspected Fraud	26 L.P.R.A. § 2726	Any insurer, health services organization, general agent, producer, solicitor, adjuster or person who has a well-rounded knowledge that an act described in §§ 2719 to 2720 of this title has been committed, is being committed or shall be committed, will be bound to submit to the commissioner the information he has available on such act, to conduct an investigation, and otherwise facilitate it. Failure to report fraud will be punished by an administrative fine.
Statutory Creation of Fraud Unit	26 L.P.R.A. § 2731	The action plan shall include a description of the procedures established to fulfill the obligation of detecting and investigating possible acts of fraud in the insurance business. The procedure must include the establishment of an antifraud investigations unit.

**PUERTO RICO (cont.)**

**INSURANCE FRAUD PREVENTION LAWS**

<b>PUERTO RICO (cont.)</b>		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	26 L.P.R.A. § 2731	Every insurer and every health services organization must adopt a written plan of action to detect, prevent and fight fraudulent acts in the insurance business.

## INSURANCE FRAUD PREVENTION LAWS

RHODE ISLAND (7/24)		
Department/Bureau responsible: Director of Business Regulation		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 27-54-1	Any person who knowingly and with intent to deceive the director or his designees or an insurer entity or its shareholders who causes to be presented false information or fails to disclose material information, shall upon conviction be fined not more than \$50,000 or imprisoned not more than 20 years or both.
Immunity from Liability	§ 27-49-5	No insurer or authorized government agency shall be subject to any civil or criminal liability for releasing or receiving any factually accurate information pursuant to this section.
Fraud Warning Required	§ 27-54.1-3	Every claim form and application for insurance, regardless of the form of transmission, shall contain the following statement or a substantially similar statement: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” The lack of a statement as required above does not constitute a defense in any prosecution for a fraudulent insurance act.
Reporting of Suspected Fraud	§ 27-49-3(b) § 27-54-4	When an insurer has knowledge of a criminal or fraudulent act, the insurer shall notify an authorized governmental agency.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 27-49-4	Any information furnished pursuant to this chapter shall be privileged and not a part of any public record.
Insurer Antifraud Activities Required	§ 27-54.1-5	Insurers shall have antifraud initiatives reasonably calculated to detect, report, prosecute and prevent fraudulent insurance acts, antifraud initiatives may include fraud investigators or an antifraud plan.

## INSURANCE FRAUD PREVENTION LAWS

SOUTH CAROLINA (7/24)		
Department/Bureau responsible: Insurance Fraud Division in Office of Attorney General		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	§ 38-55-520	The purpose of this article is to confront aggressively the problem of insurance fraud in South Carolina by facilitating the detection of insurance fraud; to allow reporting of suspected insurance fraud; to grant immunity for reporting suspected insurance fraud; to prescribe penalties for insurance fraud; to require restitution for victims of insurance fraud; to establish a division within the office of the attorney general to prosecute insurance fraud; and to require the investigation of alleged insurance fraud by State Law Enforcement Division.
Immunity from Liability	§ 38-55-580	A person, when acting without malice, is immune from any liability arising out of filing reports, cooperating with investigation, or providing information concerning suspected insurance fraud.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 38-55-570(a)	Any person, having reason to believe that another has made a false statement or misrepresentation, shall notify the insurance fraud division of the office of the attorney general and provide any additional information relative thereto.
Statutory Creation of Fraud Unit	§ 38-55-560	There is established within the office of the attorney general a division to be known as the insurance fraud division, which must prosecute violations.
Provision for Confidentiality	§ 38-55-570(d)	Any information furnished pursuant to this section is privileged and shall not be part of any public record and shall not be subject to subpoena without predetermination by [court] that such release of information shall harm an ongoing investigation.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>SOUTH DAKOTA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Investigation Unit of the Division of Criminal Investigation under the direction of the Office of the Attorney General in South Dakota		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 58-4A-2	A person commits a fraudulent insurance act if the person knowingly and with intent to defraud or deceive causes to be presented false insurance documents, embezzles premiums, files a fraudulent statement with the division of insurance, makes a fraudulent statement to an insurer in order to receive benefit. Any violation of this section for an amount of \$400 or less is a Class 2 misdemeanor. Any violation of this section for an amount in excess of \$400 and less than \$1,000 is a Class 1 misdemeanor. Any violation of this section for an amount of \$1,000 and greater is a Class 4 felony. Any other violation of this section is a Class 1 misdemeanor.
Immunity from Liability	§§ 58-4A-13; 58-33-80	“Any person acting in good faith is immune from civil liability for filing a report with or for furnishing any information relating to suspected, anticipated, or completed fraudulent insurance acts.”
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 58-33-76	An insurer, or any person authorized to act on its behalf, which reasonably believes that a false or fraudulent claim, statement, or representation has occurred, may notify an authorized agency and provide it with all relevant information in its possession.
Statutory Creation of Fraud Unit	§ 58-4A-4	In order to investigate and prosecute fraudulent insurance acts, the attorney general shall employ the insurance fraud prevention unit.
Provision for Confidentiality	§§ 58-4A-12; 58-33-82	All investigative records and files of the insurance fraud prevention unit are confidential. May not be released except pursuant to court order. An investigator is not subject to subpoena.
Insurer Antifraud Activities Required	No provision	



**INSURANCE FRAUD PREVENTION LAWS**

<b>TENNESSEE (7/24)</b>		
<b>Department/Bureau responsible:</b> Fraud and Special Investigations Section, Department of Commerce and Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 56-53-102  §§ 56-53-104; 39-14-133	Any person who knowingly and with intent to defraud commits or intentionally permits any of the following acts, has committed a fraudulent insurance act: presents or causes to be presented false information for claim or application or other insurance related transaction, misappropriate insurance related funds.  Persons who commit fraudulent insurance acts are punished as in the case of theft.
Immunity from Liability	§ 56-53-110	In the absence of actual malice, no person furnishing information pursuant to § 56-53-109 shall be subject to civil liability arising from the furnishing of such information.
Fraud Warning Required	§ 56-53-111(b)	All applications and claim forms must contain substantially the following: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.” The lack of a statement does not constitute a defense in any criminal prosecution nor in any civil action.
Reporting of Suspected Fraud	§ 56-53-109 (b), (e)	Any insurer or insurance professional who has reason to believe of a fraudulent insurance act, shall furnish such information to the appropriate law enforcement agency, insurance department, fraud and special investigations section, or state or federal regulatory authority. Failure to cooperate with a request for information from an appropriate local, state, or federal governmental authority shall bar a person's eligibility for restitution from any proceeds resulting from the governmental investigation and prosecution.
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 56-53-109(c)	All documents or other information submitted to or generated pursuant to subsection (a) or (b) shall not be subject to disclosure pursuant to public records laws.
Insurer Antifraud Activities Required	§ 56-53-111(a)	Every insurer with direct written premiums of \$10 million or more shall implement and maintain an insurance antifraud plan to prevent, detect, report, and investigate all forms of insurance fraud. Such plan shall include acquisition and education of employees to be engaged in antifraud plan.

**INSURANCE FRAUD PREVENTION LAWS**

<b>TEXAS (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 701.001 <i>See also</i> Penal Code § 35.02	“Fraudulent insurance act” means an act that is a violation of the penal law and is: committed or attempted while engaged in the business of insurance; committed or attempted as part of or in support of an insurance transaction; or part of an attempt to defraud an insurer.
Immunity from Liability	§ 701.052	A person is not liable in a civil action for furnishing information relating to a suspected, anticipated or completed fraudulent insurance act if the information is provided to an authorized governmental agency or the department, a law enforcement officer or an agent or employee of the officer, the NAIC or an employee of the association, a state or federal governmental agency established to detect and prevent fraudulent insurance acts or to regulate the business of insurance or an employee of the agency or a special investigative unit of an insurer, including a person who contracts to provide special investigative unit services to the insurer or an employee of the insurer who is responsible for the investigation of suspected fraudulent insurance acts.
Fraud Warning Required	§ 704.002	A plan issuer who provides a form for a person to make a claim against or to give notice of the person’s intent to make a claim against a policy, certificate, contract, or evidence of coverage must include a statement that is substantially similar to the following: “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”
Reporting of Suspected Fraud	§ 701.051	A person who determines a fraudulent insurance act has been or is about to be committed shall report the information in writing to the department or an authorized governmental agency not later than the 30th day after the date the person makes the determination.
Statutory Creation of Fraud Unit	§ 701.101	The purpose of the department’s insurance fraud unit is to enforce laws relating to fraudulent insurance acts.
Provision for Confidentiality	§§ 701.151; 701.154	Information acquired by the department that is relevant to an investigation by the insurance fraud unit is not a public record or subject to subpoena for the period the commissioner considers reasonably necessary to complete the investigation.
Insurer Antifraud Activities Required	§§ 704.051; 704.054	A plan issuer who collects direct written premium shall adopt an antifraud plan under this subchapter. Plan shall include procedures for detecting and investigating possible fraudulent insurance acts and reporting possible fraudulent insurance acts to the insurance fraud unit.

**INSURANCE FRAUD PREVENTION LAWS**

<b>UTAH (7/24)</b>		
<b>Department/Bureau responsible:</b> Department of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§§ 31A-31-103; 76-6-521	A person commits a fraudulent insurance act if that person with intent to deceive or defraud, knowingly presents or causes to be presented a statement containing false, incomplete, or misleading information concerning any fact material to an application, claim, benefit, or other insurance transaction as part of or in support of: <ul style="list-style-type: none"> <li>(i) obtaining an insurance policy, the insurer would otherwise not issue on the basis of underwriting criteria applicable to the person;</li> <li>(ii) a scheme or artifice to avoid paying the premium that an insurer charges on the basis of underwriting criteria applicable to the person; or</li> <li>(iii) a scheme or artifice to file an insurance claim for a loss that has already occurred.</li> </ul>
Immunity from Liability	§ 31A-31-105	A person, insurer, or authorized agency is immune from civil liability when in good faith that person cooperates, furnishes evidence, provides or receives information concerning a fraudulent insurance act. An insurer, or person employed by an insurer, is immune from civil liability when that person provides information in a good faith effort to discover or prevent a fraudulent insurance act or other criminal conduct.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	§ 31A-31-110	A person shall report a fraudulent insurance act to the department if: the person has a good faith belief based on the preponderance of the evidence that a fraudulent insurance act has or will be committed and the person is an insurer.
Statutory Creation of Fraud Unit	§ 31A-2-104	The department shall employ a professional, technical, and clerical employees as necessary to carry out the duties of the department (including insurance fraud investigators).
Provision for Confidentiality	§ 31A-31-104	Any information furnished to an authorized agency under this section may be classified as a protected record and is not subject to civil discovery, unless, after notice to interested parties, a court determines that public interest will not be jeopardized by disclosure.
Insurer Antifraud Activities Required	§ 31A-31-112	An insurer shall prepare, implement, and maintain an insurance antifraud plan for its operations in this state. The insurance antifraud plan required by Subsection (1) shall outline specific procedures, actions, and safeguards that include how the authorized insurer or health maintenance organization will: detect, investigate, and prevent all forms of insurance fraud, educate employees of fraud detection and the insurance antifraud plan, provide for fraud investigations, report a suspected fraudulent insurance act to the department and pursue restitution for financial loss caused by insurance fraud.

**INSURANCE FRAUD PREVENTION LAWS**

<b>VERMONT (7/24)</b>		
<b>Department/Bureau responsible:</b> Vermont Department of Banking and Insurance, Securities, and Health Care Administration (BISHCA), Division of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	8 VSA § 4750	Fraudulent insurance acts include misrepresentations and false advertising of insurance policies.
Immunity from Liability	No provision	
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	8 VSA § 4750	Every insurer with direct written premiums shall prepare, implement, and maintain an insurance antifraud plan to prevent, detect, investigate and report all types of insurance fraud including that involving employees including hiring and education of employees tasks with fraud investigation. The commissioner may require an insurer to file annually its antifraud plan with the department and an annual summary of the insurer's antifraud activities and results, including misclassification and miscoding. Insurers that fail to prepare, implement, maintain, or submit to the department of financial regulation an insurance antifraud plan are subject to a penalty of \$500 per day, not to exceed \$10,000.

## INSURANCE FRAUD PREVENTION LAWS

VIRGIN ISLANDS (7/24)		
Department/Bureau responsible: N/A		
Prevention Laws	Citation	Description
Fraudulent Insurance Act	22 VIC §§ 1201 to 1228; 14 VIC § 842	Any person, who, knowing it to be such, presents a false or fraudulent claim, or any proof in support of such claim, for the payment of a loss under a contract of insurance, or prepares, makes or subscribes to any false or fraudulent account, certificate, affidavit, or proof of loss with the intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor.
Immunity from Liability	No provision	
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>VIRGINIA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Investigation Unit within the State Police		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§§ 52-36; 18.2-178	Insurance fraud means any commission or attempted commission of the criminal acts and practices defined in § 18.2-178 (obtaining money via false pretense) which involve any type of insurance as defined under Title 38.2.
Immunity from Liability	§ 52-41; <i>see also</i> § 38.2-229	No cause of action in the nature of defamation, invasion of privacy, or negligence shall arise against any person or entity for furnishing information to or otherwise cooperating with the department, NAIC, federal or state insurance regulators, or the NICB.
Fraud Warning Required	§ 52-40(b)	All applications and claim forms shall contain a statement substantially as follows: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.” The lack of a statement required in this subsection does not constitute a defense in any criminal prosecution. The statement required shall not be required on applications and forms relating to reinsurance.
Reporting of Suspected Fraud	§ 52-40(a)	If any insurance professional has reason to believe of an insurance fraud violation, that person shall disclose any relevant information to the department, subject to any legal privilege protection.
Statutory Creation of Fraud Unit	§ 52-37	There shall be established within the department of state police, bureau of criminal investigation, the insurance fraud investigation unit.
Provision for Confidentiality	§ 52-39	Materials or other evidence relative to the subject of an insurance fraud investigation of the department shall remain confidential and shall not be subject to public inspection.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>WASHINGTON (7/24)</b>		
<b>Department/Bureau responsible:</b> Washington State Office of the Insurance Commissioner, Special Investigations Unit All law enforcement agencies of the state. See § 48.30A.070.		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 48.135.010	“Insurance fraud” means an act or omission committed by a person who, knowingly, and with intent to defraud, commits, or conceals any material information concerning, one or more of the following: presenting, causing to be presented, or preparing with knowledge or belief that it will be presented to or by an insurer, broker, or its agent, false information.
	§ 48.30A.015	It is unlawful for a person knowing that the payment is for the referral of a claimant to a service provider, either to accept payment from a service provider or, being a service provider, to pay another; or to provide or claim or represent to have provided services to a claimant, knowing the claimant was referred in violation of this subsection. It is unlawful for a service provider to engage in a regular practice of waiving, rebating, giving, paying, or offering to waive, rebate, give, or pay all or any part of a claimant’s casualty or property insurance deductible.
Immunity from Liability	§ 48.50.070	Any licensed insurance producer, title insurance agent, or insurer or person acting in the insurer’s behalf, health maintenance organization or person acting in behalf of the health maintenance organization, health care service contractor or person acting in behalf of the health care service contractor, or any authorized agency which releases information, whether oral or written, to the commissioner, the National Insurance Crime Bureau, the National Association of Insurance Commissioners, other law enforcement agent or agency, or another insurer is immune from liability in any civil or criminal action, suit, or prosecution arising from the release of the information, unless actual malice on the part of the insurance producer, title insurance agent, insurer, health care maintenance organization, health care service contractor, or authorized agency against the insured is shown.
Fraud Warning Required	§ 48.135.080	All applications for insurance, and all claim forms regardless of the form of transmission provided and required by an insurer or required by law as condition of payment of a claim, must contain a statement, permanently affixed to the application or claim form, that clearly states in substance the following: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits." Lack of a warning does not constitute a defense.

**WASHINGTON (cont.)**

## INSURANCE FRAUD PREVENTION LAWS

WASHINGTON (cont.)		
Prevention Laws	Citation	Description
Reporting of Suspected Fraud	§ 48.50.030	An insurer who has reason to believe that a person participated or is participating in criminal activity relating to a contract of insurance may report relevant information to an authorized agency.
	§ 48.135.050	Any insurer or licensee of the commissioner that has reasonable belief that an act of insurance fraud which is or may be a crime under Washington law has been, is being, or is about to be committed shall furnish and disclose the knowledge and information to the commissioner or the National Insurance Crime Bureau, the National Association of Insurance Commissioners, or similar organization, who shall disclose the information to the commissioner, and cooperate fully with any investigation conducted by the commissioner.
Statutory Creation of Fraud Unit	§ 48.135.020	There is established an insurance fraud program within the office of the insurance commissioner.
Provision for Confidentiality	§ 48.135.060	Documents, materials, or other information as described in subsection (3), (4), or both of these sections are exempt from public inspection and copying.
Insurer Antifraud Activities Required	§§ 48.30A.045 to 48.30A.065	Each insurer licensed to write insurance in this state shall institute and maintain a written insurance antifraud plan to prevent, detect, report, and litigate insurance fraud as well as train company agents in the detection and prevention of fraud.



**INSURANCE FRAUD PREVENTION LAWS**

<b>WEST VIRGINIA (7/24)</b>		
<b>Department/Bureau responsible:</b> Insurance Fraud Unit		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 33-41-2; 33-41-11	“Fraudulent insurance act” means an act or omission committed by a person who, knowingly, and with intent to defraud, misrepresents or conceals any material information concerning, one or more of the following: presenting, causing to be presented, or preparing with knowledge or belief that it will be presented to or by an insurer, a reinsurer, broker, or its agent, false information.
Immunity from Liability	§ 33-41-6	No cause of action shall arise from a person's furnishing information concerning suspected or anticipated fraud. This provision shall not apply if the information is materially incorrect or provided with malice intent.
Fraud Warning Required	§ 33-41-3	Permissive: Claim and application forms may contain the following or similar caveat: “Any person who knowingly presents false information on a claim or application form is guilty of a crime and may be subject to fines and imprisonment.” Lack of a warning does not constitute a defense.
Reporting of Suspected Fraud	§ 33-41-5	A person engaged in the business of insurance having reasonable belief that fraud or another crime related to the business of insurance is being, will be or has been committed shall provide to the commissioner the information required by, and in a manner prescribed by the commissioner.
Statutory Creation of Fraud Unit	§ 33-41-8	There is established the West Virginia Insurance Fraud Unit within the Offices of the Commissioner.
Provision for Confidentiality	§ 33-41-7	Information provided to the office of the insurance commissioner pursuant to this article shall be confidential and privileged and shall not be subject to public inspection or subpoena or discovery.
Insurer Antifraud Activities Required	§ 33-41-11a	Insurers shall have antifraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent insurance acts. Antifraud initiatives may include fraud investigators or an antifraud plan submitted to the commissioner.

**INSURANCE FRAUD PREVENTION LAWS**

<b>WISCONSIN (7/24)</b>		
<b>Department/Bureau responsible:</b> Office of the Commissioner of Insurance		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 943.395  § 895.486	Whoever knowing it to be false or fraudulent, does any of the following: causes to be presented any fraudulent claim or proof of claim or application. If the benefit is less than \$2,500, it is a Class A misdemeanor. If the benefit is above \$2,500, it is a Class 1 felony.  “Insurance fraud” means the presentation of any statement, document or claim, or preparation of any document with knowledge that the document will be presented, that the person knew or should have known contained materially false, incomplete or misleading information.
Immunity from Liability	§ 895.486	Any person who, absent malice, furnishes information concerning suspected, anticipated, or completed insurance fraud is immune from civil liability for furnishing the information.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	§ 895.486	Any information furnished by an insurer in response to a report or information furnished under sub. (2) is confidential and may be made public only if required in a civil or criminal action.
Insurer Antifraud Activities Required	No provision	

**INSURANCE FRAUD PREVENTION LAWS**

<b>WYOMING (7/24)</b>		
<b>Department/Bureau responsible:</b> Wyoming Insurance Department		
<b>Prevention Laws</b>	<b>Citation</b>	<b>Description</b>
Fraudulent Insurance Act	§ 26-13-201	No person shall knowingly or willfully make any false representation in any application for policy or in support of any claim for benefit cause to be presented a fraudulent claim or any proof in support of such claim.
Immunity from Liability	§ 26-2-131	No cause of action shall arise nor shall any liability be imposed against any person for the act of communicating or delivering information or data to the commissioner, the commissioner's authorized representative or examiner pursuant to an examination made under this chapter, if the act of communication or delivery was performed in good faith and without fraudulent intent.
Fraud Warning Required	No provision	
Reporting of Suspected Fraud	No provision	
Statutory Creation of Fraud Unit	No provision	
Provision for Confidentiality	No provision	
Insurer Antifraud Activities Required	No provision	

This chart does not constitute a formal legal opinion by the NAIC staff on the provisions of state law and should not be relied upon as such. Every effort has been made to provide correct and accurate summaries to assist the reader in targeting useful information. For further details, the statutes and regulations cited should be consulted. The NAIC attempts to provide current information; however, readers should consult state law for additional adoptions.

## **INSURANCE FRAUD PREVENTION LAWS**