**Insurer Insolvency Questionnaire**

Company name: Last business address:

Contact person for information regarding this estate:

Name: Address:

Title:

Phone: Fax:

State of domicile:

Corporate structure: Stock [ ] Mutual [ ] Other [ ]

Type of insurer: Life & Health [ ] P&C [ ] HMO [ ] Other [ ]

Estimated amount of insolvency Date

If part of a holding company system, attach organizational chart.

Grounds for Delinquency proceedings (Check all that possibly apply.)

|  |  |  |  |
| --- | --- | --- | --- |
| Inadequacy of capital and surplus [ ] | Failure to utilize good info or to react to bad information | [ | ] |
| Inability to pay debts when due [ ] | Pricing | [ | ] |
| Reserving [ ] | Asset portfolio investments | [ | ] |
| Delegation of authority or control [ ] | Inadequate control of administrative expenses | [ | ] |
| Fraud [ ] |  | | |
| Party-at-interest transactions [ ] (Example: excessive level of fees  paid to affiliates or parent company) | Other [ ] | | |

Witnesses:

If the information is available, list any witnesses who might have information about the suspected violation and describe their position or employment. Indicate if they have been interviewed. (Use continuation sheet if necessary.)

Name Position Address Telephone Interviewed

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (1) |  |  |  |  |  |
|  |  |  |  |  |  |
| (2) |  |  |  |  |  |
|  |  |  |  |  |  |
| (3) |  |  |  |  |  |
|  |  |  |  |  |  |
| (4) |  |  |  |  |  |
|  |  |  |  |  |  |

Have you sent this referral to any other state, local or federal agency? If so, please list below:

Agency; City/State

Legal Activities

Status of company and date of court orders:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Docket Number | Jurisdiction |
| Conservation/supervision |  |  |  |
| Rehabilitation |  |  |  |
| Liquidation |  |  |  |
| Other |  |  |  |
| Closed |  |  |  |

If this company is a closed or discharged rehabilitation, how was it resolved? (Check all that apply.)

|  |  |
| --- | --- |
| Sold company [ ] | Business was run off [ ] |
| Sold subsidiaries [ ]  Infusion of additional capital [ ] | Sold lines of business [ ]  Other (please describe) [ ] |

This receivership is/was:

|  |  |
| --- | --- |
| Agreed [ ] | Adversarial [ ] |
| Non-contested default [ ] | Other (please describe) [ ] |

Material litigation initiated, pending or completed as of date of report? (Please repeat for each piece of litigation.)

Caption

Docket

Jurisdiction Brief Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If litigation is completed, what is the result?

Judgment [ ] Settlement [ ] Dismissal [ ]

|  |  |  |
| --- | --- | --- |
| 13. | Form prepared by |  |
|  | Position |  |
|  | Organization |  |
|  | Phone No. | Date mo./date/yr. |

Suspected Violation

Is there any indication of any of the following suspected violations: Check appropriate item(s).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Defalcation/embezzlement |  | Bribery/gratuity |
|  | False statement by insurance company (assets/liabilities,  ownership, reserves) |  | Misuse of position or self-dealing; other abuses by insurance |
|  | False statement/claims to  insurance companies |  | Credit card fraud |
|  | Check kiting |  | METS, MEWAs or union activities |
|  | Bank fraud |  | ERISA violations |
|  | Wire/mail fraud |  | Uncollectable or non-existent  reinsurance |
|  | Securities fraud |  | Money laundering |
|  | Bank secrecy act |  | Other (Describe) |
|  | Public corruption |  |  |
|  |  |  |  |
|  |  |  |  |

Person(s) suspected of criminal violation. (If more than one, use continuation sheet.)

Name first middle last

Address street city state zip

Date of birth Social Security No. (if known) mo./day/yr. (if known)

Relationship to the insurance entity. Check all applicable item(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Officer |  | Managing general agent |  | Stockholder |
|  | Director |  | Agent/broker |  | Policyholder |
|  | Employee |  | Appraiser |  | Third-party administrator |
|  | Accountant |  | Lawyer |  | Other (specify) |
|  | Consultant |  | Adjuster |  | |

Location of suspected offenses

Approximate date and dollar amount (prior to any allowance for restitution or recovery) of suspected violation.

Date (mo./day/yr)

Amount

Is person still affiliated with the insurance entity?

yes no If no, terminated resigned

Date mo./day/yr.

If person is not affiliated with insurance entity, was person:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Policyholder |  | Doctor |
|  | Lawyer |  | Other professional |
|  | Accountant |  | Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Prior or related criminal referrals? yes no If yes, please identify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is person affiliated with any other insurance entities? yes no

Or business enterprise? yes no

Has there been any admission or a confession? yes no

If so, by whom

To whom was confession made?

**Questions to be Asked by Investigator**

Explanation/description of suspected violation. (Give a brief summary of the suspected violation, explaining what is unusual or irregular about the transaction.) Details will be required below. The purpose of this paragraph is to provide a summary description of the overall transaction.

Give a chronological and complete account of the suspected violation. (Use continuation sheets, if necessary.)

--- Relate key events to documents and attach copies of those documents.

--- Explain who benefited, financially or otherwise, from the transaction, how much and how.

--- Furnish any explanation of the transaction provided by the suspect and indicate to whom and when it was given.

--- Furnish any explanation of the transaction provided by any other person.

--- Furnish any evidence of cover-up or evidence of an attempt to deceive state examiners, auditors or others.

--- Suggest any further investigation that might assist law enforcement in fully examining the suspected violation.

**THIS SECTION OF THE REFERRAL IS CRITICAL.** It should be as detailed as circumstances permit. The care with which this section is written may make the difference in whether the described conduct and its criminal nature are clearly understood. The discussion points listed in this section are not exhaustive. They should be covered, but to the extent additional explanation would be useful as to any particular item or to the extent an additional category should be addressed, it should be done here. Feel free to use attachments or to continue the description on a separate sheet. Include any suggestions for the interviewing of any witnesses, gathering of any documents, or other suggestions that might prove useful in following up on the referral (e.g., tracing of proceeds).