



DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF INSURANCE FRAUD

This format will be used for Insurers that write less than \$10 million in FL annual direct written premium. An insurer subject to Section 626.9891 (2), FS, shall file its anti-fraud plan to the division and such anti-fraud plan shall include the following information. An insurer subject to Section 626.9891 (2), FS and rule chapter 69D-2.004 shall submit this anti-fraud plan using the digital format instructions found at [www.myfloridacfo.com/fraud](http://www.myfloridacfo.com/fraud)  
69D-2.004 Insurer Anti-fraud Plans Pursuant to 626.9891(2), FS

Question 1. List the insurer's individual company names, individual NAIC code numbers and NAIC group code number:

Answer 1.

Question 2. Provide a written description or chart outlining the organizational arrangement of the insurer's anti-fraud personnel who are responsible for the investigation and reporting of possible insurance fraud acts.

Answer 2.

Question 3. Provide a written description of the insurer's procedures for detecting and investigating possible fraudulent insurance acts. Nothing in the rule shall require that an insurer utilize all established criteria in every circumstance. The description shall include 3a and 3b:

Question 3a. A written acknowledgment that the insurer has established criteria that will be used to detect suspicious or fraudulent activity during investigations relating to the different types of insurance offered by that insurer;

Answer 3a.

Question 3b. A written acknowledgment that the insurer has established criteria that will be used for the investigation of acts of suspected insurance fraud relating to the different types of insurance offered by that insurer.

Answer 3b.

Question 4. A description of the insurer's procedures for the mandatory reporting of suspected fraudulent insurance acts to the Division pursuant to Section 626.989(6), F.S. The description shall include 4a, 4b, and 4c:

Question 4a. A written explanation of the insurer's method for reporting all suspected fraudulent insurance acts directly to the Division using the electronic filing (efile) fraud referral form located at [www.myfloridacfo.com/fraud/](http://www.myfloridacfo.com/fraud/):

Answer 4a.

Question 4b. A written acknowledgment that all such reports of suspected insurance fraud shall contain information that clearly defines and supports the allegation of suspicious activity.

Answer 4b.

Question 4c. A written explanation of the insurer's method of recording the date that suspected fraudulent activity is detected, and method of recording the date that reports of such suspected insurance fraud are sent directly to the Division;

Answer 4c.

Question 5. A written description of the insurer's plan for anti-fraud education and training of its claims adjusters, SIU personnel, and any other personnel involved in anti-fraud related efforts . The description shall include 5a and 5b:

Question 5a. A written plan that involves training relating to the detection and investigation of fraudulent insurance acts for all personnel involved in anti-fraud related efforts

Answer 5a.

Question 5b. A written plan that involves on-going training during the reporting period;

Answer 5b.

Question 6. Provide contact information including names, email addresses, and telephone numbers, for personnel designated by the insurer or SIU to be responsible for

achieving and maintaining compliance with Section 626.9891(1), F.S and Rule chapter 69D-2

Answer 6.