

**InsureMax Insurance Company
Fraud Referral Form**

| | |
|-----------------|--|
| Insured | |
| Policy # | |
| State | |
| Claim # | |
| Date of Loss | |
| Type of Loss | |
| Claimant | |
| Perpetrator | |
| Nature of Fraud | |
| | |
| | |
| | |
| Provide Details | |
| | |
| | |
| | |
| | |
| | |
| | |
| Submitted By | |
| Date | |
| Phone # | |
| Email | |
| Agency | |