



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Fraud Investigations Section - FAQs

What does the Fraud Investigations Section (“FIS”) do? FIS investigates allegations of fraud, abuse, waste and other violations of state insurance laws committed by insurance companies, insurance producers, agents, and other industry professionals doing business in the State of Tennessee.

What is the most common type of fraud investigated by FIS? Although our investigations vary greatly, the most common type of complaint involves premium fraud. In this type of fraud, dishonest agents collect premiums from policyholders but intentionally fail to remit the payments to the insurance carriers, leaving the victim both out-of-pocket for the loss of premium and without insurance coverage. In some cases, the dishonest agent will produce a false certificate of insurance so that the victim believes he or she has a valid insurance policy.

Does FIS investigate fraud committed by policyholders? No. FIS regulates the insurance industry and insurance professionals. Its statutory authority does not extend to investigations involving fraud committed by policyholders or third parties. Such investigations are generally handled by insurance companies or law enforcement.

How do I file a complaint? You can file a complaint on-line, over the phone, or in person. The most convenient way to file a complaint is to fill out a complaint form which is located on our website at <http://www.tn.gov/insurance/fraudinvestigations/index.shtml>. You can also call our hotline at (615) 253-8841 or our toll-free number at (800) 792-7573. You are also welcome to file a complaint in-person with one of our investigators at the Davy Crockett Building, 500 James Robertson Parkway, 10th Floor, Nashville, Tennessee 37243.

Can I file a complaint anonymously? Yes. You may call our hotline at (615) 253-8841 and leave as much information as you would like. However, without knowing the source of the complaint, it is often difficult to effectively investigate the allegations.

What documentation do I need to file a complaint? Generally, the more relevant documentation you supply, the easier it is to investigate your complaint. Examples of relevant documentation are: insurance policies, certificates of insurance, sales literature, account statements, cancelled checks, confirmations, correspondence or anything else that might be pertinent to proving or disproving allegations.

I have filed a complaint. What happens next? After your complaint has been received, it will be reviewed and assigned to an investigator for further evaluation. The investigator will review your complaint and decide whether to recommend that we open an official investigation. You will be contacted by the investigator who will be looking to gather more facts and information and you may be asked to give a formal interview or statement. If necessary, you may be asked to testify at an administrative hearing.

What happens if FIS determines that fraud has occurred? If the investigation concludes that fraud has occurred, FIS will recommend the appropriate administrative action be taken by our legal division. Such action could include fines, suspension, or revocation of license. If legal action is initiated, the outcome will be determined in a hearing before an administrative law judge. In certain situations, FIS will refer the investigation to the appropriate law enforcement authorities for possible criminal prosecution.

Where can I go to get more information on insurance fraud? Visit our website at www.tn.gov/insurance.