

Pennsylvania Assigned Risk Plan	REPORT OF SUSPECTED FRAUDULENT ACTIVITY <input type="checkbox"/> Private Passenger <input type="checkbox"/> Commercial Telephone: 401-528-1406 Fax: 401-528-1409	302 Central Avenue Johnston, RI 02919
SECTION 1. ASSIGNED CARRIER		
SECTION 2. PRODUCER		
Carrier Name	Agency Name (if applicable)	
Reporting Representative Name	Signing Producer Name	
Reporting Representative Phone Number	Mailing Address	
Reporting Representative E-Mail	License Number	
SECTION 3. APPLICANT/INSURED		SECTION 4. INSURED VEHICLE
Applicant/ Insured Name	Vehicle Year/ Make/Model	
Address	Registration (plate, tag, etc.) and State	
APN /Policy Number	VIN	
SECTION 5. SUSPECTED FRAUDULENT ACTIVITY (Check all that apply)		
<input type="checkbox"/> Alleged Fraudulent Address, garaging location, headquarter address, etc. <input type="checkbox"/> Alleged Fraudulent Operator Information <input type="checkbox"/> Application without the knowledge of the named insured <input type="checkbox"/> Private Passenger Application Submitted For Commercial Use Vehicle <input type="checkbox"/> Premium Diversion (whole or part of premium payment not forwarded to the carrier) <input type="checkbox"/> Undisclosed Drivers <input type="checkbox"/> Other (any suspicious circumstances, abuses, etc., that should be reported)		
SECTION 6. DETAILS (Describe alleged fraud, suspicious circumstances, abuses, etc. Attach additional sheets if needed.)		