



## FRAUD WARNING STATEMENTS

STATE/CITATION	LANGUAGE ON REQUIRED FORMS	WARNING LANGUAGE	NOTES
AK STAT. §21.36.380	CLAIM FORMS	"A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."	
AL Stat. §27-12A-20	APPLICATION OR CLAIM FORMS	"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."	SUBSTANTIALLY SIMILAR STATEMENT MAY BE USED.
AR CODE §23-66-503	APPLICATION & CLAIM FORMS	"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."	SUBSTANTIALLY SIMILAR STATEMENT MAY BE USED.
AR CODE §11-9-106	ALL FORMS PRESCRIBED BY THE WC COMMISSION	"ANY PERSON OR ENTITY WHO WILLFULLY AND KNOWINGLY MAKES ANY MATERIAL FALSE STATEMENT OR REPRESENTATION, WHO WILLFULLY AND KNOWINGLY OMITTS OR CONCEALS ANY MATERIAL INFORMATION, OR WHO WILLFULLY AND KNOWINGLY EMPLOYS ANY DEVICE, SCHEME, OR ARTIFICE FOR THE PURPOSE OF (I) OBTAINING ANY BENEFIT OR PAYMENT; (II) DEFEATING OR WRONGFULLY INCREASING OR WRONGFULLY DECREASING ANY CLAIM FOR BENEFIT OR PAYMENT OR (III) OBTAINING OR AVOIDING WORKERS' COMPENSATION COVERAGE OR AVOIDING PAYMENT OF THE PROPER INSURANCE PREMIUM, OR WHO AIDS AND ABETS FOR ANY OF SAID PURPOSES, UNDER THIS CHAPTER SHALL BE GUILTY OF A CLASS D FELONY."	

AZ STAT. §20-466.03	CLAIM FORMS	"FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."	STATEMENT MUST BE IN AT LEAST 12 POINT TYPE.
CA INS. CODE §1871.2	FORM TO GIVE NOTICE AND CLAIM FORMS	"FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM" OR OTHER EXPLANATORY WORDS OF SIMILAR MEANING. "ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."	STATEMENT MUST BE IN COMPARATIVE PROMINENCE WITH OTHER CONTENT.
CA INS. CODE §1879.2	FORM TO GIVE NOTICE AND CLAIM FORMS	"FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM" OR OTHER EXPLANATORY WORDS OF SIMILAR MEANING. "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."	STATEMENT MUST BE IN COMPARATIVE PROMINENCE WITH OTHER CONTENT.
CA INS. CODE §1871.3	CLAIM FORMS ARISING FROM THE THEFT OF AN INSURED VEHICLE	AN INSURER SHALL PLACE ON THE CLAIM FORM A WARNING THAT FALSE REPRESENTATIONS MADE ON THE SIGNED CLAIM FORM BY THE INSURED SUBJECT THE INSURED TO A PENALTY OF PERJURY.	
CA LABOR CODE §5401.7	WC CLAIM FORMS	"ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY."	

CO STAT. §10-1-128	APPLICATION OR POLICIES OR CLAIM FORMS	"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."	SUBSTANTIALLY SIMILAR LANGUAGE MAY BE USED.
DC CODE §22-3225.09	APPLICATION & CLAIM FORMS	"WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."	DOES NOT APPL TO REINSURERS.
DE CODE TI 11, §913	CLAIM FORMS	"ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."	
FL STAT. §817.234	APPLICATION & CLAIM FORMS	"ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."	WARNING STATEMENT DOES NOT APPLY TO REINSURANCE CONTRACTS, AGREEMENTS OR CLAIMS TRANSACTIONS.
FL STAT. §440.185	INFORMATIONAL BROCHURE	"ANY PERSON WHO, KNOWINGLY WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION COMMITS A FELONY OF THE THIRD DEGREE."	

ID CODE §41-1331	CLAIM FORMS	ALL CLAIM FORMS MAY CONTAIN A STATEMENT THAT CLEARLY STATES IN SUBSTANCE THE FOLLOWING:  “ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”	
IN CODE §27-2-16-3	CLAIM FORMS	“A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.”	
KY STAT. §304.47-030	APPLICATION & CLAIM FORMS	<b>APPLICATION:</b> “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”  <b>CLAIM FORM:</b> “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”	DOES NOT APPLY TO REINSURERS.
LA STAT. §40:1424	APPLICATION & CLAIM FORMS	“ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”	
MD STAT. §27-805	APPLICATION & CLAIM FORMS	“ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”	SUBSTANTIALLY SIMILAR LANGUAGE MAY BE USED.
MN STAT. §60A.955	CLAIM FORMS	“A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST	WARNING CAN BE CONTAINED ON AN ADDENDUM ATTACHED TO THE CLAIM

MN STAT. §176.178	WC CLAIM FORMS	AN INSURER IS GUILTY OF A CRIME.”  “ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS’ COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO, SECTION 609.52, SUBDIVISION 3.”	FORM.
NV STAT. §686A.315	HOSPITAL DISCHARGE FORM & CLAIM FORM “HCFA-1500”	<b>HOSPITAL DISCHARGE FORM:</b> “ANY PERSON WHO MISREPRESENTS OR FALSIFIES ESSENTIAL INFORMATION REQUESTED ON THIS FORM MAY, UPON CONVICTION, BE SUBJECT TO A FINE AND IMPRISONMENT UNDER STATE OR FEDERAL LAW, OR BOTH.”  <b>HCFA-1500 FORM:</b> “ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER STATE OR FEDERAL LAW, OR BOTH, AND MAY BE SUBJECT TO CIVIL PENALTIES.”	WARNING MAY BE CONTAINED ON AN ADDENDUM ATTACHED TO THE FORMS.
NH STAT. §402:82	APPLICATION & CLAIM FORMS	“ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN R.S.A. 638:20.”	
NJ STAT. §17:33A-6	APPLICATION & CLAIM FORMS	<b>APPLICATION:</b> “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”  <b>CLAIM FORM:</b> “ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”	
NM STAT. §59A-16C-8	APPLICATION & CLAIM FORMS	“ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”	



OH CODE §3999.21	APPLICATION & CLAIM FORMS GROUP OR INDIVIDUAL INSURANCE	“ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”	WARNING MAY BE CONTAINED ON AN ADDENDUM ATTACHED TO THE APPLICATION OR CLAIM FORM.
OK STAT. TI 36, §3613.1	INSURANCE POLICIES & CLAIM FORMS	“WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”	
PA STAT. TI 18, §4117	APPLICATION AND CLAIM FORMS	“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”	WARNING CAN BE CONTAINED ON AN ADDENDUM ATTACHED TO THE APPLICATION OR CLAIM FORM.
PA STAT. TI 75, §1822	APPLICATION RENEWALS FOR MOTOR VEHICLE INSURANCE AND CLAIM FORMS	“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO 7 YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”	
RI GEN. LAWS §27-54-8	APPLICATION	INSURER SHALL PLACE ON THE APPLICATION A WARNING WHICH INDICATES THE EXISTENCE OF A CRIMINAL PENALTY FOR FAILURE TO DISCLOSE A CONVICTION FOR ARSON.	

TN CODE §56-53-111	APPLICATION AND CLAIM FORMS	"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."	DOES NOT APPLY TO REINSURERS.
TN CODE §56-47-112	WC APPLICATION AND CLAIM FORMS	"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."	
TX INS. CODE 704.002	CLAIM FORMS	"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."	SUBSTANTIALLY SIMILAR LANGUAGE MAY BE USED. DOES NOT APPLY TO REINSURERS.
UT CODE §34A-2-110	WC CLAIM FORMS	"ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."	
VA CODE §52-40	APPLICATION AND CLAIM FORMS	"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."	
WA CODE §48.135.080	APPLICATION AND CLAIM FORMS	"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."	

WV CODE §33-41-3	APPLICATION AND CLAIM FORMS	<p>“ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”</p>	<p>POLICIES ISSUED BY NONADMITTED INSURERS SHALL CONTAIN A STATEMENT DISCLOSING THE STATUS OF THE INSURER TO DO BUSINESS IN THE STATE WHERE THE POLICY IS DELIVERED OR STATE WHERE COVERAGE IS IN FORCE. THE REQUIREMENT OF THIS SECTION MAY BE SATISFIED BY A DISCLOSURE SPECIFICALLY REQUIRED BY SECTION 5, ARTICLE 12C OF THIS CHAPTER; SECTION 9, ARTICLE 32 OF THIS CHAPTER; AND SECTION 18, ARTICLE 32 OF THIS CHAPTER.</p>
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