

## **2026 NEIASIU TRAINING SEMINAR & FRAUD EXPO**

### **KEYNOTE:**

***Collaboration: Intelligence Sharing and Working Together***

**KEVIN GALLAGHER, REGIONAL DIRECTOR, NICB**

### **SUMMARY:**

Effective SIU investigations rely on breaking down silos and closing intelligence gaps so that information can move freely between teams and partners. By collecting intelligence from multiple sources, investigators gain a clearer understanding of the scale and nature of fraud occurring within their area of responsibility. When all parties involved in combating insurance fraud combine their strengths and work collaboratively, investigations become more targeted, efficient, and successful. At the foundation of this process are high-quality SIU questionable claim submissions, which provide the meaningful data NICB depends on to produce accurate fraud analytics and identify emerging trends.

### ***Rule One: Don't End Up in More Trouble Than Those You Are Investigating! ETHICS***

**JOHN W. CHAPMAN, ESQ., KELLY & CHAPMAN**

### **SUMMARY:**

Ethical conduct is not optional; it is the foundation of credible investigative work and essential to maintaining trust, integrity, and compliance.

As you carry out investigative duties, remain aware of key ethical and legal boundaries, including:

- **Invasion of privacy:** Respecting personal boundaries and collecting only information that is lawful, necessary, and appropriate.
- **Trespass:** Ensuring all investigative actions occur within authorized physical and digital spaces.
- **Defamation:** Exercising caution in making statements or drawing conclusions, particularly regarding *malice* or intent.
- **Statutory limits on deception:** Understanding what forms of investigative interviewing or techniques are permissible, especially when working with **subjects** versus **non-party witnesses**.
- **Use of polygraphs:** Recognizing legal restrictions and ethical concerns regarding their administration and admissibility.
- **Union contracts and employee rights:** Ensuring investigative steps respect collective bargaining agreements and the protections afforded to union members.

- **Risk of contributing to intentional discrimination:** Avoiding actions or recommendations that could provide grounds for an employer to be accused of discriminatory behavior.

### **Leveraging Technology in Investigations**

#### **DAVID DAVICH, VP OF SIU BUSINESS DEVELOPMENT, ADVANTAGE INVESTIGATIONS**

##### **SUMMARY:**

This course provides insurance claims professionals with essential knowledge on how modern technology is transforming surveillance investigations. Participants will explore advancements in investigative tools, including social media data mining, event data recorder analysis, and remote surveillance techniques. By leveraging these technologies, adjusters can conduct more efficient and accurate claims processing. Case studies will be utilized to enhance the learning experience for practical application.

### ***Crash Con: Spotting Staged Auto Accidents and Insurance Fraud***

#### **GARRETT BOECKELER, SIU DIRECTOR, BECKER & COMPANY**

##### **SUMMARY:**

This training is designed for claims adjusters and SIU professionals to enhance their ability to identify, document, and respond to staged auto accident schemes. The course explains how organized fraud rings operate, defines common participant roles, and breaks down the most frequently used staged-collision scenarios. Attendees will learn to recognize key red flags related to claimant behavior, vehicle damage, injury claims, policy activity, and witness involvement, while also gaining practical detection techniques and best practices for early identification. The course emphasizes when and how to refer suspicious claims to SIU, outlines investigative tools used to prove fraud, and reinforces the importance of timely, good faith reporting to mitigate losses and protect policyholders.

**Fight Fraud, Prevent Premium Losses, and Streamline Claims Investigations with LPR Vehicle Sightings Data**

**JASON FIACK, SENIOR ACCOUNT EXECUTIVE, DIGITAL RECOGNITION NETWORK**

**SUMMARY:**

This session will show how DRN's advanced data and analytics solutions can improve insurance operations by providing insights to detect fraud, validate claims, and ensure accurate rates. This will cover how LPR data helps combat fraud and rate evasion by addressing garaging fraud, detecting radius class fraud, validating claims with picture proof, and pinpointing hidden vehicles using vehicle sighting searches.

***Social Media Discussion with the @OSINTMILLENIAL***

**MELISSA JONES, INVESTIGATOR, SPECIAL INVESTIGATIONS UNIT, CRUM & FOSTER**

**SUMMARY:**

Come discover new ways of mining social media profiles in this ever-changing cyber world using strategic OSINT techniques. In this session, we will discuss methods of finding information on a variety of platforms such as Facebook, Instagram, TikTok, and Venmo. Social media and other OSINT findings have proven to be incredibly helpful in rooting out fraud or leveraging reductions in settlement. It's important to be up to date on the latest tricks and trends.

***The Power of the EUO***

**TIMOTHY TAPPLY, ESQ., BRAND & TAPPLY, LLC**

**SUMMARY:**

Frontline adjusters and SIU Investigators are bombarded with questionable injury/medical buildup claims. They often feel that they have few tools to combat what is being thrown at them. By educating them on how EUO's can be used to address these issues, they will be left with a better understanding that they have options, they have tools at their disposal, and they have access to their SIU partners.

**Electronic Data Recorded when a Vehicle Crashes: What adjusters and Investigators Need to Know**

**MIKE MEROLLI, FORENSIC EXPERT, APERTURE**

**SUMMARY:**

Recent advances in Technology have made motor vehicles safer. Collision Avoidance Systems, Advanced Driver Assistance Systems (ADAS), and Navigation/Telematics all can make a driver's experience on the road better. All that technology creates an electronic "footprint" that can help an Insurance Adjuster or Investigator verify what happened during a loss. This presentation will explain what that data is, what it can reveal, and how to secure the data before it's lost, overwritten, or erased.

**Uncovering Fraud in Commercial Property Claims: The Power of SIU and Forensic Accounting Collaboration**

**JASON SCHWEIGERT, FORENSIC ACCOUNTANT, EFI GLOBAL**

**SUMMARY:**

Commercial property claims present a high risk of fraud due to the complexity of business operations, the potential for significant financial losses, and the opportunities to conceal or inflate damages. These claims often involve schemes such as exaggerated repair costs, staged or intentionally caused losses, and arson-for-profit scenarios. Within this environment, the Special Investigations Unit (SIU) plays a critical role by identifying red flags—such as suspicious timing, inconsistent statements, or a business's prior loss history—and by conducting thorough investigative steps that include gathering physical evidence and interviewing all relevant stakeholders. Forensic accounting adds another essential layer to commercial property investigations. By analyzing the financial records of businesses submitting claims, forensic accountants can detect overstated business interruption losses, uncover inconsistencies in revenue reporting, and evaluate the authenticity of vendor invoices and repair estimates. Their work ensures that the financial aspects of a claim align with actual business performance and legitimate expenses. Effective investigations depend on collaboration between SIU and forensic accounting professionals. These teams routinely share data, observations, and emerging insights to build a comprehensive picture of the claim. Joint strategies—such as combining on-site inspections with detailed financial audits—strengthen the overall investigation. A common example is a fraudulent fire claim in which physical evidence supports a suspicious loss while financial review uncovers inflated business interruption costs.

A variety of tools and techniques support this collaborative approach. Financial ratio analysis helps evaluate business interruption claims, while vendor verification and forensic document examination ensure the legitimacy of records provided. Increasingly, data analytics and

predictive modeling are used to identify patterns and anomalies that may indicate fraudulent activity.

Legal and compliance requirements also guide the investigative process. Teams must prepare detailed, accurate reports for litigation or regulatory review and maintain a strict chain of custody for all financial evidence to ensure integrity and admissibility.

**The Power of Vehicle Data in Investigating and Deterring Auto Fraud**

**STEVEN JONES, STRATEGIC CLAIMS SOLUTIONS CONSULTANT, CARFAX**

**SUMMARY:**

It has never been easier to commit Auto Fraud through techniques such as VIN cloning, odometer rollback, and title washing. For claims professionals and SIUs, leveraging vehicle-specific data is crucial to effectively detecting, deterring, and investigating these fraudulent activities, as well as recovering stolen vehicles. This session will explore how harnessing vehicle-specific data can significantly enhance the effectiveness of SIUs in combating fraud. We'll present various case studies that demonstrate the impact vehicle history data has on a claim organization's bottom line.

**A Claimant's Right to Privacy**

**ROBERT REYNOLDS, VICE PRESIDENT CLIENT ENGAGEMENT, ETHOS RISK**

**SUMMARY:**

Explore how evolving privacy laws, advances in AI technology, and shifting surveillance boundaries influence what is considered "reasonable" during a claim's investigation, while gaining practical guidance from real-world cases involving drones, GPS tracking, and social media monitoring to avoid legal and ethical pitfalls. This session also highlights the essential ethical considerations every claims professional must understand to navigate modern investigative challenges responsibly.

**Failure Analysis-Investigating Losses**

**MICHAEL STICHTER, PH. D., PE, ARCCA**

**SUMMARY:**

This technical seminar explores the various aspects of the scientific method involved in analyzing failures of all types and how an insurance adjuster or legal professional can use this information to assist in handling their claims. An examination of specific failures, related investigations, and determination of cause will be shown. Case studies will demonstrate, identify, and highlight the technical approach to assist the insurance adjuster or legal professional in the determination of the cause of failure and typical insurance coverage outcomes

**Vehicle Fire Investigation and the Challenges Encountered with Subrogation**

**DENNIS LYONS, FOUNDER & PRESIDENT OF S.D. LYONS, INC.**

**SUMMARY:**

This presentation will focus on large loss claims involving vehicle fires that occur in or near structures and will also address stand-alone high-value vehicle losses. It will discuss subrogation from the perspective of an insured loss or a claimant loss. It will speak to the fire investigator's relationship with the insurance company representative, the subrogation attorney, the investigators representing other parties, and the vehicle owner, which are some of the factors that are critical to a successful investigation. In addition, the investigator's knowledge and experience with vehicle fire losses, both large and small claims, are essential to accomplish an accurate origin and cause analysis. We will discuss, in part, vehicle fire causes, fire patterns and effects, witnesses, videos, and the methodology utilized in NFPA 921, Guide for Fire and Explosion Investigations, 2021 Edition.

**SIU Legal Update**

**FRANK X. SZTUK, SENIOR VICE PRESIDENT/DELTA GROUP, JOHN W. CHAPMAN, ESQ/KELLY & CHAPMAN, TIMOTHY TAPPLY, ESQ./BRAND & TAPPLY & GLENDA GANEM, ESQ./MCGOVERN & GANEM, PC.**

**SUMMARY:**

The legal landscape surrounding fraud fighting is an ever-changing challenge for the SIU community. This panel will provide an understanding of emerging legal issues and regulatory changes in the fight against insurance fraud. The panel is comprised of three leading fraud defense attorneys who are at the forefront of the fight against insurance fraud.

**SIU-Past Present and Future**

**FRANK X. SZTUK, SENIOR VICE PRESIDENT, DELTA GROUP & GLENDA GANEM, ESQ., MCGOVERN & GANEM, PC. & JOHN SARGENT, SENIOR VICE PRESIDENT DELTA GROUP**

**SUMMARY:**

This program will take the attendees through the creation of SIU programs, the status of the profession and what is in store in the future.

**New York SIU-A Collage of Issues: Inside the trenches of NY No Fault from an SIU Perspective, Understanding the NY Deemer Statutes, and Issues with Policies Being Taken out in Pennsylvania, Connecticut, Massachusetts and New Hampshire**

**JOSEPH A. NETT, ASSOCIATE ATTORNEY, BRAND & TAPPLY, LLC**

**SUMMARY:**

New York has become a hotbed for medical provider fraud. No Fault scams and schemes range from opportunistic claims of injury to well-organized groups that are staging accidents, fabricating treatment records, claiming treatment done by doctors who have never practiced in NY, and this is just the beginning. We will educate attendees on how to identify a number of the issues we routinely see in NY and develop strategies to combat them.

**Law & Order: SIU II**

**HUGH C.M. BRADY, ESQ, AND DOUGLAS MCINNIS, ESQ., KTM**

**SUMMARY:**

This presentation will address the latest trends and issues arising during insurance fraud investigations. The presenters will actively demonstrate the manner in which witnesses and attorneys attempt to obstruct a carrier's investigation, whether at an EUO or during the claim verification process. Topics will include virtual statements, best practices for difficult EUOs, adverse witnesses, coaching of witnesses and how to best procure relevant information against the backdrop of these tactics. This media driven hour will include new information related to how questions about investigations are becoming more and more relevant for all types of insurance litigation.

**Internet Technologies, AI Capabilities & the Effect it Will Have on the Future of Claims**

**BRIAN WHITE, DIRECTOR OF SALES & MARKETING/CORPORATE TRANINER,  
LEMIUEX & ASSOCIATES**

**SUMMARY:**

In this course, we will explore the rapid advancements in technology and the continuously evolving capabilities of the internet, with a particular focus on how AI is becoming an integral part of our digital lives. Recognizing the importance of adapting and growing investigative processes to keep pace with these changes is key.

The course will address the potential limitations of traditional investigative options, especially concerning accessibility and their relevance to different claim types. We will delve into the grey areas surrounding newer investigative technologies and their legal standards, emphasizing the need to balance the need for information with adherence to legal constraints.

Our goal is to provide a comprehensive review of online and AI capabilities that are being used on both sides of the claims process, and that clarify information provided during the claim process. We will examine how these technologies can assist before, during, and after an incident is reported. Additionally, we aim to enhance awareness of the latest market capabilities, help identify the best services to use based on the required clarification or verification, and address the legal limitations of these services.

The course will also provide updated online utilization metrics and insights into how AI is being employed. We will touch on legal perspectives regarding the use of these technologies, the information gathered, and the potential outcomes if a case becomes litigated. The course will conclude with a discussion on industry trends from various levels of claims and legal viewpoints.

**From Lead to Outcome” A Recent Case Study and Other Investigative Updates from the PFU and IFB**

**KEVIN RICHARD, CIFI SENIOR INVESTIGATOR PROVIDER FRAUD UNIT, IFB**

**SUMMARY:**

This presentation will highlight a recent successful, high-profile case and provide updates on other notable PFU and IFB matters. It will also cover common schemes, key investigative steps, case outcomes, and the major takeaways that inform us on our ongoing work. Throughout, we will emphasize the importance of collaboration at every stage—from the initial referral through prosecution—to ensure effective and coordinated case resolution

**Investigating Smarter: Leveraging ClaimSearch & Verisk Anti-Fraud Tools Across the Claim Lifecycle**

**KEVIN RAWLINS, DIRECTOR OF CUSTOMER ENGAGEMENT, VERISK**

**SUMMARY:**

In this interactive, investigator focused session, we will walk through the full lifecycle of a claim—from First Notice of Loss to resolution through the lens of real-world fraud investigation. Designed specifically for SIU professionals, this session demonstrates how ClaimsSearch and Verisk’s Anti-Fraud tools can be strategically leveraged at key decision points to surface risk, validate suspicions, and uncover previously unknown connections.

Using realistic claims scenarios, participants will see how ClaimSearch insights, scoring, network analytics, and anti-fraud indicators can be operationalized within everyday investigative workflows. This session will highlight recent enhancements, practical investigative strategies, and best practices for using Verisk tools to move from data to action faster, helping investigators prioritize cases, confirm hunches and strengthen referrals.

**Towing & Storage; SIU Issues, Understanding the Regulations, and How to Fight Back**

**TIMOTHY TAPPLY, ESQ., BRAND & TAPPLY, LLC**

**SUMMARY:**

During this session we will discuss the issues insurers are facing across the country arising out of vehicles they insure being recovered/towed. We will evaluate the current schemes being run, how to spot questionable invoices, and develop strategies to investigate and, where appropriate, combat these schemes and scams.