



Minnesota Insurance Division Consumer Complaint Form

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Work phone: _____ Email address: _____

2. Insured

Name (if same, write "same"): _____

Relationship to the insured: _____

3. Who is the complaint against?

Name of company/agent/broker: _____

City: _____ State: _____ ZIP code: _____

Name of company/agent/broker: _____

City: _____ State: _____ ZIP code: _____

Name of company/agent/broker: _____

City: _____ State: _____ ZIP code: _____

4. Type of insurance involved (pick one)

- Private auto
- Commercial auto
- Long term care
- Homeowners
- Renters
- Mobile H/O
- Farm/ Township Mutual
- Workers Compensation
- Other _____

5. Policy information

Policy number: _____

Group of certificate number: _____

Name of employer/association (if group insurance): _____

Effective date: _____

6. Claim information

Claim number: _____

Date of loss/treatment _____

7. Reason for complaint (check one or more)

- | | | |
|--|--|--|
| <input type="checkbox"/> Claim denial | <input type="checkbox"/> Premium/ rating problem | <input type="checkbox"/> Refund not received |
| <input type="checkbox"/> Claim dispute/delay | <input type="checkbox"/> Cancellation/ non-renewal | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Sales/service | <input type="checkbox"/> Refusal to insure | _____ |

Details of my complaint: Attach additional sheets if necessary. *(Please attach copies of all relevant documents including most recent correspondence from the company)*

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct

Date _____ Signature of Complainant _____

Mail written complaints to:

Minnesota Department of Commerce
Attn: Consumer Protection & Education Division
85 7th Place East, Suite 280, St. Paul, MN 55101