

Minnesota Insurance Division Consumer Complaint Form

Property/Casualty

(i.e. Homeowners, Auto, etc)

(This form is only for the use of Minnesota residents.)

Thank you for contacting the Minnesota Commerce Department Consumer Services Center. 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: _____

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 your company, agent/broker, etc:

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of other involved party:

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of other party's company, agent/broker, etc: _____

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of claim adjuster:

Street Address: _____

City: _____ State: ____ ZIP: _____

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 (please specify)

5. Policy / Claim Information

Your Policy Number: _____

Claim Number: _____

Date of Loss: _____

Other Party's Policy Number:

Claim Number (other Party's Insurance Carrier)

6. Reason for Complaint (check one or more)

- | | |
|--|--|
| <input type="checkbox"/> Claim Denial | <input type="checkbox"/> Cancellation /Non-Renewal |
| <input type="checkbox"/> Claim Dispute /Delay | <input type="checkbox"/> Refusal to Insure |
| <input type="checkbox"/> Sales/Service | <input type="checkbox"/> Refund Not Received |
| <input type="checkbox"/> Premium/ rating problem | <input type="checkbox"/> Other (please specify) |
-

Details of my complaint

(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.

Signature of Complainant

X _____
Your name here

Date:

Mail written complaints to:

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