

PROPERTY/CASUALTY (i.e. Homeowners, Auto, etc)
Minnesota Insurance Division Consumer Complaint Form (This
form is only for the use of Minnesota residents.)

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 **Your** Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of **Other Involved Party** _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of **Other Party's** Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of Claim Adjuster: _____
Street Address: _____
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 (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)

- Claim Denial Claim Dispute /Delay Sales /Service
- Premium /Rating Problem Cancellation /Non-Renewal
- Refusal to Insure Refund Not Received
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

(Please attach additional sheets as necessary)

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 and Education
 Division, 85 7th Place East, Suite 280
 St. Paul, MN 55101