



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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<http://www.mass.gov/doi>

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COMMISSIONER OF INSURANCE

INSURANCE COMPLAINT FORM

(PLEASE PRINT ALL INFORMATION CLEARLY)

Please indicate: Ms.: ____ Mrs.: ____ Mr.: ____

Name: _____ Daytime Phone #: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____

Before you file a complaint with the Massachusetts Division of Insurance, you should first contact the insurance company, producer (formerly known as agent or broker) in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important papers that relate to your complaint. If you are represented by an attorney, do **NOT** complete this form. If this is an employer sponsored plan, the employer must fill out the form on behalf of the group. Do **NOT** send original documents. Please mail or fax your completed form to the address shown above.

Type of Insurance: Auto____ Health____ Homeowners_X__ Life____ Other: _____

Please provide the name of the insurance company or insurance producer your complaint is against. _____

Is the complaint about your policy or someone else's? _____

What state did you reside in at the time this policy was purchased/issued? _____

If this is a group policy, provide the group/employer name. _____

Policy/Claim #: _____ Date of Loss: _____

Have you contacted the insurance company or producer? If yes, indicate the person(s) and date(s) contacted in your explanation.

Have you previously written to the Division of Insurance about this matter?
Yes____ No____ DOI File #: _____ Date: _____

Have you reported this to the Attorney General's Office, the Executive Office of Consumer Affairs or any other government agency? If yes, please provide:

Name of agency: _____

File #: _____

(DETAILS OF YOUR COMPLAINT)

I authorize the release of any information regarding this complaint to help the Division of Insurance with their review. I acknowledge that **complaints filed are not confidential**. I authorize the Division of Insurance to send a copy of this complaint and related material to any company, agent or licensee involved in this matter.

SIGNATURE: _____ DATE: _____