



Maryland

INSURANCE ADMINISTRATION

PROPERTY & CASUALTY COMPLAINTS

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202

Direct Dial: 410-468-2340 Fax: 410-468-2307

1-800-492-6116 TTY: 1-800-735-2258

www.insurance.maryland.gov

COMPLAINANT INFORMATION:

NAME: _____
(MUST BE COMPLETED)

ADDRESS: _____
(MUST BE COMPLETED)

CITY/STATE/ZIP CODE: _____

PHONES: HOME: (____) _____ WORK: (____) _____

MOBILE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF WRITTEN COMMUNICATION (one or both): U.S. MAIL EMAIL

LINE OF BUSINESS:

AUTOMOBILE (PERSONAL COMMERCIAL) HOMEOWNERS FLOOD

COMMERCIAL PROPERTY LIABILITY OTHER: _____

THE COMPLAINT IS AGAINST:

MY INSURANCE COMPANY OTHER PARTY'S INSURANCE COMPANY

MY INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

AGENCY/FIRM NAME: _____

PRODUCER/AGENT'S NAME: _____

ADDRESS: _____

PHONES: HOME: (____) _____ WORK: (____) _____

MOBILE: (____) _____ FAX: (____) _____

OTHER PARTY INFORMATION:

OTHER PARTY'S NAME: _____

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

CLAIM NUMBER: _____

DATE OF LOSS: / /

PLEASE GIVE BRIEF DETAILS OF YOUR COMPLAINT:
(PLEASE TYPE OR PRINT CLEARLY)

ENCLOSE COPIES OF ANY CORRESPONDENCE, SUCH AS **NOTICES OF NONRENEWAL OR CANCELLATION. CLAIM DENIAL LETTERS, ETC.** OR OTHER PAPERS RELATING TO THIS MATTER, WHICH YOU FEEL WOULD HELP OUR INVESTIGATION OF THE COMPLAINT. PLEASE UNDERSTAND THAT A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE PARTY COMPLAINED AGAINST.

SIGNATURE: _____

DATE: _____