## MARYLAND INSURANCE ADMINISTRATION COMPLAINT FORM

**Complaint Against Insurance Professionals or Authorized Insurance Assistance Personnel** 

This form is to be used by any person or entity that wishes to file a complaint against any licensed insurance professional or authorized insurance assistance personnel.

One of the primary roles of the Maryland Insurance Administration (MIA) is to protect consumers from illegal insurance practices by ensuring that insurance companies, insurance agencies and insurance professionals that operate in Maryland act in accordance with State insurance laws. If you have a complaint against an insurance company, please call 410-468-2000 or 1-800-492-6116 TTY: 1-800-735-2258. If you have a complaint against and insurance agency or producer (agent), please see the instructions below.

The MIA Enforcement Unit:

- Provides consumer information and investigates consumer complaints against insurance agencies and insurance professionals for most types of insurance.
- Works to respond promptly and completely to consumers' questions and complaints about insurance professionals, assist consumers in resolving those complaints whenever possible, and help consumers understand their options in handling these matters.

## Submit the completed form via mail, fax, or email to:

Maryland Insurance Administration Attn: **MIA Enforcement Unit** 200 St. Paul Place, Suite 2700 Baltimore, MD 21202

**Phone:** (410) 468-2200 **Fax** : (410) 468-2245 **Email**: enforcement.mia@maryland.gov

INFORMATION ABOUT YOU(Complainant)							
First Name:	Middle	e Init	ial:	_Last Name:			
Address Line 1:							
Address Line 2:							
					Home Phone:		
		Bus	siness Phone:	:			
Cell Phone:		Emai	l Address: _				
INSURANCE PROFESSIONAL LICENSE TYPE -or- AUTHORIZED INSURANCE ASSISTANCE PERSONNEL AUTHORIZATION/CERTIFICATION TYPE (if known)							
Insurance Professional License Type			Authorized Insurance Assistance Personnel Authorization/ Certification Type				
Insurance Professi	ionai License Type		Au				
☐ Insurance Adviser	□ Public Adjuster		□ Individual Na	Authorization/ Convigator	ertification Type  □ SHOP Navigator		
	□ Public Adjuster	or	□ Individual Na	Authorization/ Co	ertification Type  □ SHOP Navigator		
☐ Insurance Adviser ☐ Insurance Producer (Life/Health/Property/Casualty/) ☐ Third Party Administrator	□ Public Adjuster  Title/Bail Bonds) □ Viatical Settlement Broker	or	□ Individual Na	Authorization/ Convigator alth Connection Call	ertification Type  □ SHOP Navigator  Center Employee  □ Application Counselor Entity		
☐ Insurance Adviser ☐ Insurance Producer (Life/Health/Property/Casualty/) ☐ Third Party Administrator	□ Public Adjuster  Title/Bail Bonds) □ Viatical Settlement Broker □ Viatical Settlement Provider		☐ Individual Na☐ Maryland Hea☐ Connector En☐	Authorization/ Convigator alth Connection Call	ertification Type  □ SHOP Navigator  Center Employee		
☐ Insurance Adviser ☐ Insurance Producer (Life/Health/Property/Casualty/ ☐ Third Party Administrator ☐ Surplus Lines Broker	□ Public Adjuster  Title/Bail Bonds) □ Viatical Settlement Broker □ Viatical Settlement Provider		☐ Individual Na☐ Maryland Hea☐ Connector En☐	Authorization/ Convigator alth Connection Call atity  Phone:	ertification Type  □ SHOP Navigator  Center Employee  □ Application Counselor Entity □ Application Counselor		
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EXPLAIN YOUR PROBLEM/COMPLAINT					
Have you filed a complaint with anyone else? □ <b>Yes</b> □ <b>No If</b> yes, with whom?					
Please complete providing as much detail as possible (attach additional sheets if necessary).					
Date of incident:					
Location of incident:					
Explain:					
Are you submitting supporting documents?   Yes  No If yes, please  DO NOT send original documents copies only please.	,				
<ul> <li>A copy of the complaint form and any or all of the enclosed information that you provide to us may be sent to the party the complaint is directed against.</li> <li>A licensed insurance professional or other authorized insurance assistance personnel may not retaliate against consumer or use the fact that a complaint has been filed as a sole reason for cancelling or refusing to renew or issue a policy.</li> </ul>					
Complainant Signature: Date:	_				