



Send completed form to: Montana Insurance Department
ATTN: Insurance Consumer Services
840 Helena Avenue, Helena, MT 59601
OR Fax: 406. 444.1980
OR Email: saophs@mt.gov

INSURANCE INQUIRY/COMPLAINT FORM

In response to your recent request for assistance, we are sending our Insurance Inquiry/Complaint Form. Please complete this form in its entirety and mail to the above captioned address. It often takes several weeks for the CSI to complete the review and take appropriate action. You will hear from a Consumer Advocate, in writing, as soon as the review is complete.

Your Name _____ Phone No. _____

Mailing Address _____

Email Address _____

Insurance Company's Name _____

Policy No. _____ Claim No. _____

Kind of Policy _____ Auto _____ Life _____ Health _____ Property _____ Other _____

Agent's Name _____ Date of Loss _____

Please indicate which of the following is applicable:

My complaint is against: _____ Company _____ Agent _____ Adjuster

1. _____ The company has unfairly rejected my claim or has not paid the full benefits to which I am entitled.
2. _____ The company has delayed processing my claim and I am unable to obtain a response from them concerning it.
3. _____ The company has not refunded premium moneys that are due to me.
4. _____ I believe the company's action of cancellation or non-renewal of my policy is not justified.
5. _____ Other _____

Do you have an attorney handling this for you? _____ If not, in your own words, describe your problem. If more space is needed, please add additional sheets. **Enclose copies of supporting documentation relative to your issue.** A copy of this form may be forwarded to the insurance company involved. By signing this form, you hereby give the CSI permission to investigate this complaint on your behalf and forward it to the insurance company/agent for a formal response.

Signature _____ Date _____

Use reverse side for additional comments.