



Send completed form to: Montana Insurance Department
ATTN: Insurance Consumer Services
840 Helena Avenue, Helena, MT 59601
OR Fax: 406.444.1980
OR Email: ics@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 and mail to the above address to the attention of Insurance Consumer Services. It often takes several weeks for the Department 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. _____

Email Address _____ Cell No. _____

Mailing Address _____

Insurance Company Name _____

Kind of Policy (check one): Auto Life Health Property Other: _____

Policy No. _____ Claim No. _____

Insurance Agent's Name _____ Date of Loss/Claim _____

My complaint is against: Insurance Company Agent Adjuster Other: _____

Please indicate which of the following is applicable:

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: _____

If you are working with an attorney on this issue, please provide their name and contact information, so we may contact them for authorization.

If you are not working with an attorney, in your own words, describe your complaint/issue/problem. If more space is needed, please add additional sheets. Enclose copies of papers and other correspondence relative to this problem. 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/entity for a formal response.

Check box if you have supporting documentation you are submitting.

Signature _____ Date _____

Use reverse side for additional comments.