



# MONTANA INSURANCE COMPLAINT FORM

Please complete and mail to: Montana Commissioner of Securities and Insurance | Attn: Insurance Consumer Services  
 840 Helena Avenue | Helena, Montana 59601 or Email—ICS@mt.gov | Fax—406.444.1980

In response to your recent request for assistance, we are sending our Insurance Complaint Form. Please complete this form and mail or email to the above captioned address to the attention of INSURANCE CONSUMER Services (ICS). It often takes several weeks for the department to complete the review and take the appropriate action. You will hear from a compliance specialist, in writing, as soon as the review is complete.

YOUR NAME (LAST, FIRST, MI) <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR.		PHONE	
ADDRESS		CITY	STATE ZIP
COUNTY	EMAIL ADDRESS	INSURANCE COMPANY	
POLICY NO.		CLAIM NO.	
KIND OF POLICY <input type="checkbox"/> AUTO <input type="checkbox"/> LIFE <input type="checkbox"/> HEALTH <input type="checkbox"/> PROPERTY <input type="checkbox"/> OTHER _____		AGENT	DATE OF LOSS

## COMPLAINT INFORMATION *(Please indicate which of the following is applicable.)*

MY COMPLAINT IS AGAINST:  
 COMPANY  AGENT  ADJUSTER

THIS COMPANY:  
 HAS UNFAIRLY REJECTED MY CLAIM OR HAS NOT PAID THE FULL BENEFITS TO WHICH I AM ENTITLED.  
 HAS DELAYED PROCESSING MY CLAIM AND I AM UNABLE TO OBTAIN A RESPONSE FROM THEM CONCERNING IT.  
 HAS NOT REFUNDED PREMIUM MONEYS THAT ARE DUE TO ME.  
 OTHER \_\_\_\_\_

DO YOU HAVE AN ATTORNEY HANDLING THIS FOR YOU?  YES  NO

If not, in your own words, describe your 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, I hereby give the Office of the Montana state auditor permission to investigate this complaint on my behalf and forward it to the insurance company/agent for formal response.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please use reverse side for additional comments.*

