



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street • Suite 810 • Boston, MA 02118-6200
 (617) 521-7794 • FAX (617) 753-6830 • Toll-free (877) 563-4467
<http://www.mass.gov/doi/CSSComplaints@mass.gov>

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COMMISSIONER OF INSURANCE

INSURANCE COMPLAINT FORM

Ms. Mrs. Mr. _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **E-mail:** _____

Before you file a complaint with the Massachusetts Division of Insurance, you should first contact the insurance company or producer in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. **If your complaint involves ongoing litigation, do NOT complete this form.** Do NOT send original documents. Please mail or fax your completed form to the address shown above.

Is the complaint about your policy? No Yes
 Which state did you reside in at the time this policy was purchased? _____

Whom is the complaint against? Please provide the exact name of the company or producer. _____

Group/certificate #: _____ Policy/ID #: _____

Claim #: _____ Date of Loss: _____

Type of Insurance (check one):

- | | | | | |
|--------------------------|----------------|------------------------|-------------------|--------------------------|
| Bond | Title | Long-Term Care | Renters | Disability |
| Life | Health | Private Auto | Homeowners | Workers Comp |
| Annuity | Medigap | Commercial Auto | | Mobile Homeowners |
| Trip Cancellation | Other: | | | |

Have you reported this to the Attorney General's Office, the Executive Office of Consumer Affairs or any other government agency? No Yes If yes, please provide:

Name of agency: _____ File #: _____

DETAILS OF YOUR COMPLAINT

By Entering my name below, I certify that: (required)

I authorize the release of any information regarding this complaint. I acknowledge that **complaints and inquiries filed with the Division of Insurance are public record and may be available for review upon request.** I authorize the Division of Insurance to send a copy of this complaint and related material to any company, producer, or licensee. I authorize the Division of Insurance to refer this complaint to any government agency when deemed appropriate by the Division of Insurance.

SIGNATURE: _____ DATE: _____