



PROPERTY & CASUALTY COMPLAINTS

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COMPLAINANT INFORMATION:

NAME: _____
(MUST BE COMPLETED)

ADDRESS: _____
(MUST BE COMPLETED)

CITY/STATE/ZIP CODE: _____

PHONES: HOME: (____) _____ WORK: (____) _____

MOBILE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

LINE OF BUSINESS:

☐ AUTOMOBILE (☐ PERSONAL ☐ COMMERCIAL) ☐ HOMEOWNERS ☐ FLOOD

☐ COMMERCIAL PROPERTY ☐ LIABILITY ☐ OTHER: _____

THE COMPLAINT IS AGAINST:

☐ MY INSURANCE COMPANY ☐ OTHER PARTY'S INSURANCE COMPANY

MY INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

AGENCY/FIRM NAME: _____

PRODUCER/AGENT'S NAME: _____

ADDRESS: _____

PHONES: HOME: (____) _____ WORK: (____) _____

MOBILE: (____) _____ FAX: (____) _____

OTHER PARTY INFORMATION:

OTHER PARTY'S NAME: _____

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

CLAIM NUMBER: _____

DATE OF LOSS: ____ / ____ / ____

PLEASE GIVE BRIEF DETAILS OF YOUR COMPLAINT:

(PLEASE TYPE OR PRINT CLEARLY)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ENCLOSE COPIES OF ANY CORRESPONDENCE, SUCH AS **NOTICES OF NONRENEWAL OR CANCELLATION, CLAIM DENIAL LETTERS, ETC.**, OR OTHER PAPERS RELATING TO THIS MATTER, WHICH YOU FEEL WOULD HELP OUR INVESTIGATION OF THE COMPLAINT. PLEASE UNDERSTAND THAT A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE PARTY COMPLAINED AGAINST.

SIGNATURE: _____

DATE: _____