



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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INSURANCE COMPLAINT FORM

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. Please mail or fax your completed form to the address shown above. **If your complaint involves ongoing litigation, DO NOT complete this form.**

Mr. Mrs. Ms. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

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 #(If Applicable): _____ Policy/ID #: _____

Claim #: _____ Date of Loss: _____

Please note, in order to process your complaint in a timely manner, please be sure to include the name of insurance company, your policy number and claim numbers.

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 Office of Consumer Affairs and Business Regulation or any other government agency? No Yes If yes, please provide:

Name of agency: _____ File #: _____

DETAILS OF YOUR COMPLAINT

You may send additional complaint details and/or copies of important documents that relate to your complaint to CSSComplaints@mass.gov.

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: _____

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