

ALABAMA DEPT OF INSURANCE

Consumer Request for Assistance

For complaints regarding Consumer Services, mail form to the address below:

**Alabama Department of Insurance
Consumer Services Division
P O Box 303351
Montgomery, AL 36130-3351**

Phone: 334-241-4141

For complaints regarding Rates, Rules and Forms, mail form to the address below:

**Alabama Department of Insurance
Rates and Forms Division
P O Box 303351
Montgomery, AL 36130-3351**

Phone: 334-241-4145

PLEASE TYPE OR PRINT IN BLACK INK

Please print this form, complete it, and mail it to the address shown above. Before you file a request for assistance with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance, and mail it to the address shown above.

_____	Work Phone: () _____
Insured or Claimants Name	
_____	Home Phone: () _____
Address	
_____	Date: _____
City, State, Zip Code	

Email Address	

I understand that a copy of this Request for Assistance may be provided to the insurance company, agent, or broker.

PLEASE USE A SEPARATE FORM FOR EACH COMPANY.

1. Complete name of insurance company you are experiencing problems with:

2. Circle type of insurance: Life Health Medicare Supplement
Homeowners Automobile
Other: _____

If Medicare Supplement Policy, please circle type of plan:
A B C D E F G H I J

3. (a) Name of Policyholder (if different from your name):

(b) Provide the group name and group number (if a group policy):

4. Policy identification or certificate number: _____

5. Claim number (if applicable): _____

6. Date loss occurred or began (if applicable): _____

7. Agent/broker (if applicable): _____

Telephone Number: _____

8. Have you contacted the company, agent, or broker? (Circle One) YES NO
If yes, state the date(s), and person(s) contacted:

(Provide copies of all correspondence.)

9. Have you reported this to any other agency? (Circle One) YES NO

(1) Name of agency:

(2) File number, if known:

10. Have you previously written to the Alabama Department of Insurance about this matter? (Circle One) YES NO

Name on file: _____ Date: _____

11. Is a lawsuit currently ongoing or pending? (Circle One) YES NO

