



# The State of New Hampshire Insurance Department

21 South Fruit St., Suite 14  
Concord NH 03301-2430

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

Toll Free: 800-852-3416

Phone: 603-271-2261; Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Website: [www.nh.gov/insurance](http://www.nh.gov/insurance)

David J. Bettencourt  
Acting Commissioner

## IMPORTANT CUSTOMER INFORMATION

The Insurance Department's primary responsibility is to enforce the insurance laws and rules of the state. Consistent with that responsibility, the Customer Services Division (CSD) acts as an intermediary to help resolve problems between insurance customers and department licensees, which include insurance companies and insurance agents. The Department's Customer Service Officers (CSO's) strive to satisfactorily reconcile grievances and mediate disputes; and with more than 100 years of insurance industry experience, the Department's CSO's take great pride in their ability to assist customers.

After reviewing your complaint, if the CSO assigned to your case determines the Department has the jurisdictional authority to intervene on your behalf, he/she will forward your complaint to the appropriate licensee for a response. By law (RSA 400-A:16 II), a licensee must provide its response to the Department within ten business days of receipt. If the complexity of the complaint requires additional time for the licensee to respond, an extension may be granted. Be assured, however, the Department will work diligently to ensure that your concerns are addressed as quickly as possible.

Also, please be aware that while the Department's CSO's will do everything within their regulatory authority to facilitate a customer friendly resolution, the Insurance Department is not always able to negotiate the remedy you desire.

If the issues of your complaint do not fall within the jurisdiction of the Insurance Department, your CSO will attempt to determine which federal or state agency does have jurisdictional authority and will refer your complaint to that agency, and will inform you of the referral by letter.

If, after submitting your complaint, you have any questions, issues or concerns, do not hesitate to contact a CSO, toll free, at 800-852-3416.

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### General Instructions and Guidelines for the submittal of a “Body Shop Grievance”

A grievance submitted by a body shop is categorized as a Body Shop Complaint or a Marketplace Complaint.

#### Submission Requirements

1. Auto Body Shop (ABS) grievances must be submitted using the “Auto Body Shop Complaint Form” and shall be submitted to the attention of the Department’s Customer Services Unit via physical mail, fax (603-271-7066) or email ([consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)). ABS grievances which are not submitted on an “Auto Body Shop Complaint Form” or which are submitted to a specific Department employee shall not be considered by the Department.
2. The “Auto Body Shop Complaint Form” **must be complete** and **the complaint submission must contain all relevant documents**, including the “Release of Information Form,” **at the time of submission**. The Department will not consider material that is not submitted with the “Auto Body Shop Complaint Form” which could have been submitted at the time the form was filed with the Department. Thus, it is critically important to submit all relevant documents that exist at the time the “Auto Body Shop Complaint Form” is filed.

**Auto Body Shop Complaint** – A formal grievance, **related to a claimant/insured or his/her claim**, submitted to the NHID directly by a body shop or one of its representatives.

1. Whereas this category of grievance relates to claimants/insureds or their claims, the complainant (the body shop) **must** also submit a “Release of Information Form” to the NHID with the requisite “Auto Body Shop Complaint Form” at the time the “Auto Body Shop Complaint Form” is filed.
2. If the NHID receives a properly completed and submitted “Auto Body Shop Complaint Form” and “Release of Information Form,” the NHID will investigate the body shop’s grievance. The Department may or may not provide the complainant (the body shop) a response.
  - The Department’s response **may or may not** include documents related to the claimant/insured’s claim and may contain personal information, including personal health information (PHI).
3. If the requisite “Release of Information Form” is not received, the NHID will categorize the complaint as a Marketplace Complaint. *See below.*

**Marketplace Complaint** – A formal grievance, **unrelated to a claimant/insured or his/her claim**, which expresses dissatisfaction with the insurance marketplace or an NHID licensee, submitted to the NHID directly by a body shop or one of its representatives.

1. Whereas this grievance category does not relate to claimants/insureds or their claims, a “Consumer Information Release Form” is not required.
2. The NHID’s Consumer Services Unit will record all Marketplace Complaints and refer the cases to the Market Conduct Unit) for review and investigation.
3. The Unit investigating the complainant’s grievance **may or may not** provide the complainant (the body shop) a response.
  - If a response is provided, the Department’s response **shall not** include documents related to the claimant/insured’s claim.



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## AUTO BODY SHOP COMPLAINT FORM

Please type or print clearly and return the completed form to either the physical or email address above.

### Section I – Complainant Information

Complainant's Name: \_\_\_\_\_

Body Shop's Name: \_\_\_\_\_

Body Shop's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Body Shop's Phone Number: (\_\_\_\_) \_\_\_\_\_ email Address: \_\_\_\_\_

### Section II – Customer Information (If applicable)

Customer's Name: \_\_\_\_\_

Customer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer's Phone Number: (\_\_\_\_) \_\_\_\_\_ email Address: \_\_\_\_\_

### Section III – Licensee Information - Who is the complaint against?

Licensee:  Insurance Company  Adjuster/Appraiser

Licensee's Name: \_\_\_\_\_

Licensee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section IV – Insurance Information (If known and if applicable)**

Insured’s Name: \_\_\_\_\_ Insured’s Policy #: \_\_\_\_\_

Claim #: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

**Section V – Reason for Complaint / NHID Jurisdiction**

The Department notes that the judicial branch has jurisdiction over coverage disputes arising under NH insurance policies.

RSA 417:4, XX - Illegal steering law.

RSA 407-D - Aftermarket parts law.

Ins. 1002.05 - Claim settlement delays.

Ins. 1002.17(a) - Settlement offer does not represent fair and reasonable pricing.

Ins. 1002.17(a) - Work performed does not meet the usual and customary guarantees as to materials and workmanship.

Ins. 1002.17(g) - Insurer and chosen repair shop not able to agree on cost of repair.

**Section VI – Required Narrative; Statement of Regulatory Concern(s)**

**Supporting Facts - Attach additional pages, if necessary, to complete the required narrative. Include copies (not originals) of important papers, letters or other information that are relevant to this matter.**

**Failure to provide sufficient information in the narrative to substantiate an allegation of a regulatory violation will result in a finding of no regulatory action. Copies of such things as letters and emails alone without a detailed narrative are insufficient to satisfy the narrative requirement and will, as such, also result in a finding of no regulatory action.**

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**Section VI – Required Narrative (Continued)**

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**Section VII – Desired Outcome** – What do you consider to be a fair resolution?

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\*\*\*\*\* COMPLAINT INVESTIGATION DISCLOSURES \*\*\*\*\*

**This form must be complete. All documents relevant to the complaint must be submitted with this form. The Department will not consider material, which could have been submitted with this form, after the form has been filed with the Department.**

The submittal of this complaint form will initiate an investigation of any Department licensee who is the subject of the identified complaint. Pursuant to RSA 400-A:16, II the Department will request and receive information and documentation, relevant to this investigation, from the named parties. Please note relevant information may include medical records. Also, the Department may share with the Department licensee any medical information and/or records provided in connection with this complaint.



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## RELEASE OF INFORMATION FORM

### Insured / Claimant Information

My Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My Phone No. (\_\_\_\_\_) \_\_\_\_\_ My eMail Address: \_\_\_\_\_

### Insurance Information

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Phone No. (\_\_\_\_\_) \_\_\_\_\_ Claim Number: \_\_\_\_\_

## CONSENT AND RELEASE

Must be signed by the individual who is **RELEASING** insurance information

I hereby **release** my insurance information to \_\_\_\_\_ and I authorize the New Hampshire Insurance Department (NHID) to provide to this individual any insurance information related to my insurance claim described below and communications received from the insurance company, its agents or representatives. I understand that this information may include personal financial information, medical records, personal health information or other confidential information. I understand that it is possible that the person receiving this information may re-disclose this information to others. I discharge and release the NHID from any responsibility or liability related to the release of these records or any re-disclosure.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT

Must be signed by the individual who will **RECEIVE** insurance information

I acknowledge that the above Release of Information will permit me to **receive** insurance information related to a claim filed by the individual signing the Release of Information. I understand that the NHID cannot disclose insurance information, if a Release of Information is not signed. I also understand the information I may receive may contain personal financial information, medical records, personal health information, or other confidential information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date