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.

* * *

Revised June 11, 2018
General Instructions and Guidelines for the submittal of “Body Shop Grievances.”

Grievances involving body shops fall into one of three (3) categories – Consumer Complaint, Body Shop Complaint and Marketplace Complaint.

Consumer Complaint – A formal grievance submitted to the NHID directly by the individual consumer.
1. The NHID under no circumstance shall accept a Consumer Complaint from a body shop or one of its representatives.
   • If a body shop submits a Consumer Complaint to the NHID, the case will be categorized and processed as an Auto Body Shop Complaint (see below) and the requisite “Release of Information Form” will be sent to the body shop for completion and return/submittal to the NHID.
2. The NHID will investigate all Consumer Complaints and shall provide the complainant a response pursuant to RSA 400-A:16.
3. Under no circumstance will the NHID share information related to a Consumer Complaint with a body shop, even if the consumer asks or directs the NHID to share information with the body shop.
   • If the consumer desires a body shop to possess information related to his/her Consumer Complaint, the consumer will be responsible for providing that information to the body shop.

Auto Body Shop Complaint – A formal grievance, related to claimants/insureds or their claims, 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.” This will permit the NHID to share information obtained about the consumer’s claim with the body shop.
2. If the NHID receives a properly completed “Auto Body Shop Complaint Form” and “Release of Information Form,” the NHID will investigate the body shop’s grievance and shall provide the complainant (the body shop) a response, including documents related to the claimant/insured’s claim and which also may contain personal information, including personal health information (PHI).
3. If the requisite “Release of Information Form” is not received, NHID will handle the complaint as a Marketplace Complaint. See below.

Marketplace Complaint – A formal grievance, unrelated to claimants/insureds or their claims 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 appropriate NHID Unit (i.e., Consumer Services, Market Conduct, P&C Legal, etc.) to be opened as an investigation and be reviewed for regulatory action as appropriate.

Grievance Submittal – All requisite forms may be submitted to the New Hampshire Insurance Department; Attn: Customer Services Unit; 21 South Fruit Street, Suite 14; Concord, NH 03301 or via fax at 603-271-1406.
# AUTO BODY SHOP COMPLAINT FORM

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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>A) Name of Complainant (Last, First):</td>
</tr>
<tr>
<td>2.</td>
<td>Mailing Address: (Street)</td>
</tr>
<tr>
<td>3.</td>
<td>Daytime Telephone Number(s):</td>
</tr>
<tr>
<td>4.</td>
<td>Name of Insured (if applicable):</td>
</tr>
<tr>
<td>5.</td>
<td>Who is the complaint against?</td>
</tr>
<tr>
<td></td>
<td>□ Company</td>
</tr>
<tr>
<td>6.</td>
<td>Address of above (if known): (Street)</td>
</tr>
<tr>
<td>7.</td>
<td>Insured’s Policy Number</td>
</tr>
<tr>
<td>8.</td>
<td>Claim Number</td>
</tr>
<tr>
<td>9.</td>
<td>Type of insurance (check one):</td>
</tr>
<tr>
<td>10.</td>
<td>Reason for complaint (check all that apply):</td>
</tr>
<tr>
<td></td>
<td>□ Estimating</td>
</tr>
<tr>
<td></td>
<td>□ Poor Quality AMP/OEM</td>
</tr>
<tr>
<td></td>
<td>□ Use of AMP</td>
</tr>
<tr>
<td>11.</td>
<td>Have you attempted to resolve this matter with the company, agency, agent or other individual?</td>
</tr>
<tr>
<td></td>
<td>If yes, on what date: _______________ Name of Person you spoke with (if known): ______________________________</td>
</tr>
<tr>
<td></td>
<td>Telephone Number(s): (<strong><strong>) ____________________, (</strong></strong>) ____________________, (____) ____________________</td>
</tr>
</tbody>
</table>
12. Please describe your problem in detail. Attach additional pages, if necessary. Please include copies (not originals) of important papers, letters or other information that is relevant to this matter.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

13. What would you consider to be a fair resolution of your problem?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

************************************************ COMPLAINT INVESTIGATION DISCLOSURE ************************************************

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.
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

NHID.Roi (v. 1.2-031419)