The State of New Hampshire
Insurance Department

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

Email: consumerservices@ins.nh.gov
Toll Free: 800-852-3416
Phone: 603-271-2261; Fax: 603-271-1406
TDD Access: Relay NH 1-800-735-2964
Website: www.nh.gov/insurance

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

IMPORTANT CONSUMER INFORMATION

The Insurance Department's primary responsibility is to enforce the insurance laws and rules of the state. Consistent with that responsibility, the Consumer Services Division (CSD) acts as an intermediary to help resolve problems between consumers and department licensees, which include insurance companies and insurance agents. The Department's Consumer 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 consumers.

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 consumer 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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CONSUMER COMPLAINT FORM

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

1. Name of Complainant (Last, First, MI):

2. Mailing Address: (Street) (City) (State) (Zip Code)

3. Daytime Telephone Number: **Email Address:**

4. Name of Insured:

5. Who is the complaint against?

☐ **Company** ☐ **Agency** ☐ **Agent, Broker, Producer** ☐ **Adjuster** ☐ **Other:** _____

Name:_____

3. Address of above (if known): (Street) (City) (State) (Zip Code)

6. Group or Policy Number **Date of Issue**

7. Claim Number **Date of Loss**

8. Type of insurance (check one):

Property & Casualty Ins.: ☐ Automobile ☐ Homeowners ☐ Commercial ☐ Liability

Life, Accident & Health Ins.: ☐ Life ☐ Annuity ☐ Health ☐ Dental ☐ Long Term Care ☐ Disability Income

☐ Medicare Supplement ☐ Other: _____

9. Reason for complaint (check one):

☐ **Claim Delay / Denial** ☐ **Premium** ☐ **Cancellation** ☐ **Other:** _____

10. Have you attempted to resolve this matter with the company, agency, agent or other individual? ☐ **No** ☐ **Yes**

If yes, on what date _____ **Name of Person you spoke with (if known):** _____

Telephone Number(s): (____) _____, **(____)** _____, **(____)** _____

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11. 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.

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12. 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.