

Louisiana Department of Insurance
P.O. Box 94214, Baton Rouge, LA 70804-9214
Statewide, call toll free, 1-80-259-5300, Outside Louisiana, call (225) 342-5900

PLEASE TYPE OR PRINT CLEARLY

Section I

Your Name: _____ Daytime Telephone: _____
Address: _____ Home: () _____
City: _____ State: _____ Zip Code: _____ Work: () _____
Insured: _____
Claimant: _____
If same, indicate "same"
Social Security # _____
Age Group: _____ Under 25 _____ 25-49 _____ 50-64 _____ 65+

Section II

1. What type of coverage does this involve?
- (A) Auto _____ Fire/Homeowners _____ Workmen's Compensations _____
Life _____ Health _____ Medicare Supplement _____
Other: _____
- (B) If involving group insurance, please provide the name of employer

2. Who is the complain against? (FULL and EXACT name of the company, broker and/or agent):

Address (if known) _____

3. (A) Policy Number _____
 (B) Group Number _____
 (C) Claim Number _____
4. If your complaint is against another person's insurance company, that person's name and policy number

5. Date of Loss _____

Section III

1. Do you have an attorney representing you? Yes _____ No _____
2. Is there any court action pending? Yes _____ No _____
3. Have you previously reported this problem to our Office or any other Agency?
 Yes _____ No _____

If yes, to whom? _____

4. Please check the reasons that apply to your complaint.
- _____ Claim Denial _____ Claim Delay _____ Unfair Offer/Payment
- _____ Premium Problem _____ Premium Refund _____ Agent Handling

Other: _____

5. Describe your problem in your own words. If more space is needed, please use extra sheets. Enclose copies (**NOT ORIGINALS**) of available documentation relative to your complaint.
