

PROPERTY/CASUALTY (i.e. Homeowners, Auto, etc)

Minnesota Insurance Division Consumer Complaint Form

(This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Market Assurance Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

2. Insured

Name (if same, write "same"): _____

Relationship to the insured: _____

3. Who is the complaint against?

Name of **Your** Company, Agent/Broker, etc.: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Name of **Other Involved Party** _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Name of **Other Party's** Company, Agent/Broker, etc.: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Name of Claim Adjuster: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

4. Type of Insurance Involved (pick one)

___ Private Auto ___ Commercial Auto ___ Long Term Care

___ Homeowners ___ Renters ___ Mobile H/O ___ Farm/Township Mutual

___ Workers Compensation ___ Other (please specify) _____

