



Bureau of Insurance, 34 State House Station, Augusta ME 04333

Tel: 800-300-5000 (in state) or 207-624-8475

FAX: 207-624-8599

www.maine.gov/pfr/insurance

**HOW TO FILE A PROPERTY & CASUALTY COMPLAINT WITH THE
MAINE BUREAU OF INSURANCE**

This form is for filing a property and casualty insurance complaint with the Maine Bureau of Insurance. If you have a complaint related to health, life, disability, or viatical insurance, you should contact the Bureau for the proper form. Please complete both sides of the last two pages of this form. The complaint form, signed by the insured, contract owner, or authorized representative (i.e. power of attorney, parent, legal guardian), authorizes the Bureau to investigate your complaint and provides basic information that we will use to investigate your complaint. If additional space is needed, please use a separate sheet of paper.

Once completed, detach the complaint form and mail to:

Bureau of Insurance
34 State House Station
Augusta ME 04333

You may also file a complaint electronically by visiting the website shown above.

INSTRUCTIONS FOR FILING A COMPLAINT

Please Provide Us With Details of Your Complaint:

- Tell us what happened, who was involved, and why you think the company or agent is wrong.
- Have you tried to resolve this problem? If so, please provide us with details of the efforts you have made to resolve this problem.
- What do you want the company to do?

When filing your complaint, please be sure to attach copies (not originals) of applicable documents, such as:

- Letters, e-mail and other communications between you and the insurance company or agent concerning your complaint;
- Records explaining how claim payments were calculated;
- A copy of your insurance policy or certificate of coverage;

- Property loss forms, vehicle appraisals and police reports;
- Any additional information you feel might be pertinent to the complaint.

How the Bureau of Insurance Handles Your Complaint

When we receive your completed complaint form, your complaint will be assigned to an investigator who will contact you by mail at the beginning of the investigation. We will write to the company summarizing your complaint. We will ask the company to send us a written response to the issues you raised with supporting documentation.

By law, any person or company we license must respond to us within 14 days. (We allow the company an additional three days for mailing time.) If we don't receive a timely response, we send out a follow-up letter by certified mail. However, the company may ask for an extension if its response requires additional investigation.

The length of an investigation depends on how complicated the issues are. The investigation may require follow-up letters and phone calls. The investigator will advise you of our conclusions once the investigation has been completed. ***This usually takes a minimum of thirty days.***

We're proud of our track record and are committed to doing a thorough investigation on your behalf. Our duty is to enforce the insurance laws and regulations of this state. The Bureau is able to help in many but not all cases.

Consumer Tips:

- Read your policy. Make sure that you understand your coverage and call your insurer or agent if you have any questions.
- Keep a file with all your insurance records.
- Take notes when you talk to the company; write down the date, time, and name of the person you talk to whenever you call with a question or a complaint about your policy or claim.

The Bureau has lots of information about insurance, including buying insurance and making claims. Visit our web site at www.maine.gov/pfr/insurance or telephone us toll-free in Maine at 800-300-5000 or 207-624-8475.

We Cannot:

- Force the company to satisfy you if no laws have been broken.
- Act as your lawyer or give you legal advice.
- Make liability decisions.

INSURANCE COMPLAINT FORM

Type of Policy (Please check all that apply):

- PROPERTY & CASUALTY (i.e. Auto or Homeowner)
- WORKERS COMPENSATION
- OTHER (please describe) _____

PLEASE WRITE CLEARLY

1. YOUR INFORMATION Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>				
Your name: _____				
	First	Middle	Last	
Business name: _____				
<i>(ONLY for workers' compensation or business insurance complaints)</i>				
Mailing address: _____				
	Street	City	State	Zip
E-mail address: _____				
Telephone numbers: Home _____ Work: _____ Mobile: _____				

2. INFORMATION about insurance company or agent your complaint is against.				
Name: _____				
Address: _____				
	Street address (if known)	City	State	Zip
Telephone number (if known): _____				
Policy, certificate, or ID number: _____ Claim number (if known): _____				
Date of loss (if applicable): _____ Policy effective date: _____				
Policy expiration date: _____				

