

ALDOI FILE #

**Consumer Request for Assistance
ALABAMA DEPARTMENT OF INSURANCE
CONSUMER SERVICE DIVISION
P O BOX 303351
MONTGOMERY AL 36130-3351
(334) 241-4141 phone**

**PLEASE TYPE OR PRINT IN BLACK OR BLUE INK
AND MAIL TO THE ADDRESS SHOWN ABOVE**

Before you file a request for assistance with the Department of Insurance, you should first contact the insurance company, agent, or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance and mail to the address shown above.

_____	_____
Insured or Claimant(s) Name	Work Phone
_____	_____
Address	Home Phone
_____	_____
City, State, Zip	Cell Phone

Email	

(PLEASE USE A SEPARATE FORM FOR EACH COMPANY)

1. Complete name of insurance company you are experiencing problems with:

2. Check type of insurance: Automobile Life Homeowner's Medicare Supplement
 Health Other _____

If Medicare Supplement Policy, please circle type of plan:

A B C D F G K L M N and F (high deductible)

3. (a) Name of policyholder if different from your name:

(b) If a group policy, provide the group name and group number:

4. Policy identification or certificate number: _____

5. Claim number (if applicable): _____

6. Date loss occurred or began (if applicable): _____

7. Agent/Broker (if applicable): _____

Telephone Number: _____

8. Have you contacted the company, agent, or broker? **(Check One)** [] YES [] NO

If yes, state the date(s), and person(s) contacted: (Provide copies of all correspondence)

9. Have you reported this to any other governmental agency? **(Check One)** [] YES [] NO

If yes, please complete the following:

1. Name of Agency: _____

2. File number, if known: _____

10. Have you previously written to the Alabama Department of Insurance about this matter?

(Check One) [] YES [] NO

File Number, if known: _____

11. Are you represented by legal counsel?

(Check One) [] YES [] NO

If yes, name of Attorney: _____

12. What state did you live in when you purchased this policy? _____

13. Briefly describe your problem (use additional paper, if needed):

