



STATE OF ALASKA

ALASKA DIVISION OF INSURANCE

550 W. 7th Avenue, Suite 1560 Anchorage, Alaska 99501-3567
Tel.: (907) 269-7900 Fax: (907)269-7910 TTY/TDD: 711 or (800) 770-8973

INSURANCE INQUIRY / CONSUMER COMPLAINT FORM

Part I - Your Information

Name:
Mailing Address: City:
State: Zip code: Best Phone:
Email: Age: Under 25 25-49 50-64 65+

Part II - Insurance Information

Insured's Name:
What is your relationship to the insured (spouse, doctor, attorney, parent, third-party, other)
Insurance Company:
Policy or Claim Number (circle one):
Policy Type: Auto Health Life Other: Effective Date:
Date of Loss: Agent/Adjuster:
Date Claim Submitted: Employer:
How was the policy purchased (agent, insurance company, website, employer)?
In what state was the policy /plan purchased? Are you presently in litigation? Yes No
Reason for complaint: Agent handling Claim Denial Claim Delay Delays/no response
Nonrenewal Cancellation Premium Notice/Billing Premium & Rating Unsatisfactory Settlement
Premium Refund Misrepresentation Information Requested Other

Section III - Factual Statement of the Problem (Required)

Use additional pages if necessary, sign/date each page.

## **Section IV – Details and Supporting Documentation**

Send copies of any documents that support your complaint – correspondence, records of phone calls, your policy, police reports, explanations of benefits forms, bills, estimates, and any other information pertinent to your issue. Documentation must be received within 10 days of filing a complaint to prevent your case from being closed.

Here are some typical documents to include, depending on your situation:

- Excerpts from your benefits handbook that pertain to the situation.
- The claim you filed, if applicable.
- Letters you have written to the company or agent regarding the problem.
- Letters you have received from the company or agent.
- Other letters, such as from your doctor or lawyer.
- Relevant sales literature or worksheets.
- Your health insurance card (copied front and back) for a health complaint.

**Please submit this form and your required documentation by email, mail or fax:**

[insurance@alaska.gov](mailto:insurance@alaska.gov)

Alaska Division of Insurance  
Attn: Consumer Services  
550 West 7<sup>th</sup> Avenue, Suite 1560  
Anchorage, AK 99501

Fax: (907) 269-7910

## **Section V – Authorization and Signature**

By submitting this consumer complaint, I authorize the Alaska Division of Insurance to investigate my complaint with the information provided on and with this form. The information provided on and with this form is true and correct to the best of my knowledge and belief. I fully understand that a copy of this form and any or all of the documentation provided for the investigation of this complaint may be forwarded to the involved insurance company and/or agent. I also understand that the facts relating to this matter will become a matter of public record pursuant to Alaska law once my file is closed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_