

**New Jersey Department of Banking and Insurance
Consumer Inquiry and Response Center ("CIRC")
P.O. Box 471 – Trenton, New Jersey 08625-0471**

Phone: (609) 292-7272 Fax: (609) 454-8468

If you previously contacted the Department and were given a CIRC tracking number, please enter it below.

INSURANCE COMPLAINT FORM**SBS FILE #****Please Print or Type**Complaint or Inquiry Involves: Company Agent Broker

Name	Name	
Address-Number & Street	Address-Number & Street	
City State Zip Code	City State Zip Code	
Home Ph: Bus. Ph: Cell Ph: E-mail:	Person Insured:	
On Behalf of: (If same as above, write same)	Policy#	Claim#
Address-Number, Street & State	Date of Loss (Claim)	Amount Claimed

DETAILS OF COMPLAINT OR INQUIRY - Include copies of any documents or correspondence that you believe will assist us. **Do Not** Use Reverse Side of this form; attach additional pages if needed. **This form must be signed and dated.**

MY COMPLAINT OR INQUIRY IS:**NATURE OF COMPLAINT OR INQUIRY**

Claim Rate
Cancellation Service
Other (specify)

TYPE OF POLICY

In Which State Was The Policy Issued

Auto Life
 Home Group Ins.
 Commercial Annuity
 Other (specify) Health (Provider I.D.#)
#

ACTION REQUESTED:

I understand that a copy of this form and enclosures may be sent to any party cited within this inquiry and authorize the release to the N.J. Department of Banking and Insurance of any medical records pertinent to this request for assistance.

Signature _____

Date _____

NJSA 17:33A-6 provides that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Please mail/fax this signed form to the above address along with copies of any pertinent documents.