

**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) 777-0508 or (609) 292-2431**

*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:**

**ACTION REQUESTED:**

**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.#)  
 \_\_\_\_\_ # \_\_\_\_\_

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.**