

DEPARTMENT OF INSURANCE

CONSUMER SERVICES AND MARKET CONDUCT BRANCH
CONSUMER SERVICES DIVISION
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013

www.insurance.ca.gov

CCB-012 P

Revised: 12/21/06



REQUEST FOR ASSISTANCE

Name

Work Phone: ()

Address

Home Phone: ()

City Zip

Before you file a complaint 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 papers that relate to your complaint and mail to address shown above.

Please be aware that a copy of this Request for Assistance and other documentation submitted by you may be provided to the insurance company, agent or broker unless you indicate that you do not want a copy of your correspondence forwarded by checking the box:

Do not forward a copy of the completed form and the documentation provided. However, please contact the insurance company and investigate the complaint on my behalf.

1. Complete name of insurance company involved:

2. Type of Insurance: Auto Home Life Health Other

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

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

4. Policy identification or certificate number:

5. Claim number (if applicable)

6. Date loss occurred or began (if applicable)

7. Broker/Agent (if applicable) Broker/Agent License number

Street address City/State / Zip

8. Have you contacted the company, agent or broker? Yes No

If yes, state the date(s) and person(s) contacted

9. Have you reported this to any other governmental agency? Yes _____ No _____
If yes, please give:

(1) Name of agency: _____

(2) File number, if known: _____

10. Have you previously written to the Department of Insurance about this matter?
Yes No File number (if available) _____ Date _____

11. Is there attorney representation in this matter? Yes No

12. Is a lawsuit currently on-going or pending? Yes No If yes, our ability to mediate this matter is limited, but we will investigate your inquiry for any regulatory issues. We may defer the regulatory investigation until the finality of the litigation. We ask that you still complete this form so we have a record of your issue. Once the matter is concluded, we would welcome any information regarding violations of law by the insurer that you or your attorney are willing to provide.

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

14. What do you consider to be a fair resolution to your problem?

(Signature)

(Date)