

State of Rhode Island and Providence Plantations

Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Avenue, Building 69-2
Cranston, RI 02920
Phone No. (401) 462-9520

FAX No. (401) 462-9602
TDD No. 711

Insurance Division Complaint Review Process

An individual who believes that there has been a violation of insurance statute(s) and/or regulation(s) may file a written complaint with the Insurance Division. All such complaints must be signed by the Claimant. All complaints filed shall be processed in accordance with the Insurance Division's internal complaint review process.

All complaints filed must be in writing. Complaints may be sent by e-mail to InsuranceInquiry@dbr.state.ri.us or mailed to the above address. Upon receipt of the written complaint, the Insurance Division will make an initial determination with respect to standing and jurisdiction. The Insurance Division will then send an acknowledgement letter to the complainant advising that the Division is reviewing the matter and will contact the complainant when the situation warrants. The letter of complaint together with any attachments will be sent to the licensee named in the complaint for reply. Once the Insurance Division has concluded its review, a letter will be sent to the complainant stating the Division's findings.

The Insurance Division will only accept complaints filed by the individual Claimant, the complaint filed by a Claimant's designated immediate family member (spouse, parent, sibling or off-spring) on behalf of the Claimant, the Claimant's attorney admitted to practice law in this state, or an executor and/or administrator or other court-approved legal representative of the Claimant's estate.

All disputes regarding the terms and provisions of the Policy must be resolved between the Insurer and the Claimant if the dispute is not covered by statute or regulation. The Department's authority is limited to jurisdictional matters pursuant to R.I. General Laws. The Department DOES not have the authority to settle or arbitrate claims or to determine liability or determine that an Insurer should pay a claim. Nothing in the complaint process shall be deemed to prohibit either the Insurer or the Claimant from seeking redress in the appropriate judicial forum.

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INSURANCE DIVISION COMPLAINT FORM
(Please print or type all information clearly)

Before you file a complaint with the Rhode Island Division of Insurance, we suggest that you first contact the licensee named in this complaint in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Do **NOT** send original documents. Please mail your completed form to the address shown above. You may also e-mail your complaint to InsuranceInquiry@dbr.state.ri.us

COMPLAINT FILED BY:

Name: _____ Daytime Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail address: _____

Type of Insurance: Auto _____ Homeowners _____ Workers Comp. _____
Life _____ Accident & Health _____ Annuities _____ Other _____

COMPLAINT FILED AGAINST:

Name and address of Insurance Company and/or individual/firm/licensee complaint filed against:

Policy #: _____ Claim # _____ Date of Loss: _____

Have you contacted the licensee involved in this matter? Yes/No. If yes, please indicate the person(s) and dates(s) contacted in your details of the complaint on page 2 of this form and attach copies of any correspondence sent to and received from the licensee(s).

Have you previously written to the Division of Insurance about this matter? Yes/No. If yes, please provide DOI File # _____ and attach copies of any correspondence sent to and received from this Department on this matter.

Have you reported this matter to the Attorney General's Office or any other government agency? Yes/No. If yes, please provide agency name and a copy of any communication sent and received:

Government Agency Contacted: _____ File # _____

