

MARYLAND INSURANCE ADMINISTRATION
Section 27-1001 COMPLAINT INFORMATION SHEET

INSTRUCTIONS

Plaintiffs must complete this Complaint Information Sheet and submit it to the Maryland Insurance Administration (MIA) along with one (1) original and two (2) copies of the complaint and attachments. The MIA requests, **but does not require**, that plaintiffs also submit the entire filing on a CD-ROM in PDF format. All documents should be appropriately numbered. Filings must be sent to the MIA as follows:

- (a) via first class mail or via a commercial overnight delivery service in an envelope clearly marked in the lower left hand corner "Section 27-1001 Filing" addressed to the Hearings and Appeals Clerk, Maryland Insurance Administration, 200 St. Paul Place, Suite, 2700, Baltimore, Maryland 21202;
- (b) via hand delivery between the hours of 8 a.m. and 4 p.m. to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202 in an envelope clearly marked in the lower left hand corner "Section 27- 1001 Filing" and addressed to the Hearings and Appeals Clerk.

PLEASE SUPPLY THE FOLLOWING INFORMATION

The name of each plaintiff:

The name, law firm name, mailing address, email address, and workday telephone number of counsel representing the plaintiff(s) or, if there is no counsel, of each plaintiff:

The name of each insurance company that is the subject of the complaint:

Is there a related civil action, court case or an administrative complaint pending? If yes, please identify the case name and number and the court before which the related matter is pending:

THE FOLLOWING SECTION MUST BE COMPLETED

*This section is intended to assure that your complaint is subject to filing with the MIA and that the complaint includes the required materials and the information. A **complaint that does not fall within the MIA's subject matter jurisdiction will be returned.***

1. The complaint seeks to determine:
the coverage that exists under an insurance policy;
how much the insured is entitled to receive as payment from the insurer for a covered loss; or
both.

2. The complaint arises out of a first-party insurance claim that was made under a policy of property and/or casualty insurance or individual disability insurance that was issued, sold, or delivered in the State of Maryland.

Yes No

3. The complaint alleges that the insurer failed to act in good faith.

Yes No

4. The complaint seeks: *(complete all)*

Actual damages in the amount of _____;

Expenses and litigation costs in the amount of _____;

Interest in the amount of _____.

Note: You must provide this information under § 27-1001.

5. The complaint is not within the small claims jurisdiction of the District Court of Maryland (i.e. actual damages of \$5,000 or less).

Yes No

6. The insurer(s) and the insured(s) have not agreed to waive the submission of this complaint to the MIA.

Yes No

7. The claim is not under a commercial insurance policy where the applicable limit of liability exceeds \$1 million.

Yes No

8. The complaint is accompanied by each document that the insured has submitted to the insurer for proof of loss.

Yes No

9. The complaint specifies the applicable insurance coverage.

Yes No

In addition, please indicate the type of insurance policy at issue:

Personal Insurance:

home owners fire and/or dwelling

auto personal

inland marine excess/umbrella

other: _____

Commercial Insurance:

general liability

property

auto

professional

inland marine

excess/umbrella

other: _____

Individual Disability

Date: _____

Signature: _____