## 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 con	•	ts to determine:	o maliavu		
		ge that exists under an insurance the insured is entitled to receiv		or for a covered loss; or	
	both.	the insured is entitled to receiv	e as payment from the msure	er for a covered loss, or	
	oom.				
2. The con	mplaint arise	es out of a first-party insurance	claim that was made under a	a policy of property	
and/or cas	sualty insura	ance or individual disability insur	ance that was issued, sold, o	or delivered in the	
State of M	-				
	Yes	No			
3 The co	mnlaint alle	ges that the insurer failed to ac	t in good faith		
J. The co	Yes	No	t ili good tattii.		
4. The con	mplaint seek	s: (complete all)			
	Actual dan	nages in the amount of	;		
	Expenses a	and litigation costs in the amour	nt of;		
	Interest in	the amount of ast provide this information und	<u>-</u>		
N	ote: You mu	ist provide this information und	er § 27-1001.		
5 The cor	mplaint is no	ot within the small claims jurisc	liction of the District Court o	of Maryland (i.e. actual	
	of \$5,000 or		netion of the Bistrict Court	or many rama (non actual	
υ	Yes	No			
6. The ins		the insured(s) have not agreed t	to waive the submission of the	nis complaint to the MIA	
	Yes	No			
7 The cla	im is not un	der a commercial insurance pol	licy where the applicable lin	nit of liability exceeds \$1	
million.	iiii is not un	der a commercial insurance pol	ncy where the applicable in	nt of natinty exceeds \$1	
	Yes	No			
	mplaint is ac	ecompanied by each document	that the insured has submitte	d to the insurer for proof	
of loss.	Yes	No			
	ies	NO			
9. The cor	mplaint spec	rifies the applicable insurance c	overage.		
	Yes	No			
In additio	n, please in	dicate the type of insurance pol	icy at issue:		
Perso	nal Insuranc	· <b>^</b>	Commercial Insuran	na.	
home owners		fire and/or dwelling	general liability	property	
aut		personal	auto	professional	
		excess/umbrella	inland marine	excess/umbrella	
	er:		other:		
Indivi	dual Disabi	lity			
Data	Dota:				
Date: Signature:					