

MARYLAND INSURANCE ADMINISTRATION COMPLAINT FORM

Complaint Against Insurance Professionals or Authorized Insurance Assistance Personnel

This form is to be used by any person or entity that wishes to file a complaint against any licensed insurance professional or authorized insurance assistance personnel.

One of the primary roles of the Maryland Insurance Administration (MIA) is to protect consumers from illegal insurance practices by ensuring that insurance companies and insurance professionals that operate in Maryland act in accordance with State insurance laws.

The MIA:

- Provides consumer information and investigates consumer complaints against insurance companies and insurance professionals for most types of insurance.
- Works to respond promptly and completely to consumers' insurance-related questions and complaints, assist consumers in resolving those complaints whenever possible, and help consumers understand their options in handling insurance-related matters.

Submit the completed form via mail, fax, or email to:

Maryland Insurance Administration
Attn: **Consumer Complaint Investigation**
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Fax : (410) 468-2245
Email: enforcement.mia@maryland.gov

INFORMATION ABOUT YOU(Complainant)

First Name: _____ Middle Initial: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

INSURANCE PROFESSIONAL LICENSE TYPE –or- AUTHORIZED INSURANCE ASSISTANCE PERSONNEL AUTHORIZATION/CERTIFICATION TYPE (if known)

| Insurance Professional License Type | or | Authorized Insurance Assistance Personnel Authorization/ Certification Type |
|---|----|--|
| <input type="checkbox"/> Insurance Adviser <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Insurance Producer <small>(Life/Health/Property/Casualty/ Title/Bail Bonds)</small> <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Viatical Settlement Broker <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Viatical Settlement Provider | or | <input type="checkbox"/> Individual Navigator <input type="checkbox"/> SHOP Navigator <input type="checkbox"/> Maryland Health Connection Call Center Employee <input type="checkbox"/> Connector Entity <input type="checkbox"/> Application Counselor Entity <input type="checkbox"/> Application Counselor |

Name: _____ Phone: _____

Email Address: _____ License Number: _____

Agency / Entity the individual represents: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

