

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Acting Commissioner

JOY Y. HATCHETTE
Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2000 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

MARYLAND INSURANCE ADMINISTRATION COMPLAINT AGAINST INSURANCE PROFESSIONALS

One of the primary roles of the Maryland Insurance Administration (MIA) is to protect consumers from illegal insurance practices by ensuring that insurance companies, insurance agencies and insurance professionals that operate in Maryland act in accordance with State insurance laws. The MIA Enforcement Unit investigates consumer complaints against insurance agencies and insurance professionals for most types of insurance. We work to respond 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.

If you have a complaint against an insurance company or about a claim, please call 410-468-2000, 1-800-492-6116 TTY: 1-800-735-2258, or visit our website at <https://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx>.

Use this form if you have a complaint against:

- An insurance agency, insurance producer (agent), insurance advisor, or surplus lines broker
- Title insurance producer
- Public adjuster
- Bail Bondsman
- Viatical Settlement Broker or Provider
- Third Party Administrator
- Health insurance Navigator, Maryland Health Connection Call Center employee, or application counselor

Submit the completed form via mail or email to:

Maryland Insurance Administration
Attn: **Enforcement Unit**
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Email: enforcement.mia@maryland.gov

INFORMATION ABOUT YOU

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

Please select one of the following. My complaint is against a:

- Insurance Producer (Agent) Insurance Advisor Surplus Lines Broker
- Public Adjuster Bail Bondsman Third Party Administrator
- Title Producer Viatical Settlement Provider or Broker
- Health Insurance Navigator, MHBE Call Center Employee, or application counselor

LICENSED INSURANCE PROFESSIONAL INFORMATION

Person's Name: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

License Number (if known): _____

EXPLANATION OF PROBLEM OR COMPLAINT

Have you filed a complaint about this matter with any other agency or person? YES
 NO

If so, with who? _____

Please attach to this complaint a copy of any policies, emails, text messages, or other documents that are related to your complaint.

- A copy of the complaint form and any or all of the enclosed information that you provide to us may be sent to the party the complaint is directed against.***
- A licensed insurance professional or other authorized insurance assistance personnel may not retaliate against a consumer or use the fact that a complaint has been filed as the sole reason for cancelling or refusing to renew or issue a policy.***

Complainant's Signature

Date