Complaint Date:
(MM/DD/YY)

CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN (CAARP)
CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM (LCA)
COMPANY PERFORMANCE COMPLAINT FORM

Company Name	Complainant Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Name of Insured	Complainant Telephone Number Including area code
Effective Date of Policy	Policy Number / CAARP/LCA APN Number

The above named Company is in violation of the Performance Standard(s) or other rules of the California Automobile Assigned Risk Plan and/or California Low Cost Automobile Insurance Program

- ☐ ISSUANCE OF ORIGINAL POLICY
  - ☐ Issuance within 30 calendar days
  - ☐ Other (Specify in Remarks)
- ☐ REQUESTED SERVICE
  - ☐ Render within 15 calendar days of receipt
  - ☐ Receipt of request back within 15 calendar days
- ☐ RENEWAL
  - ☐ Renewal not issued timely
  - ☐ Other (Specify in Remarks)
- ☐ COMMISSION NOT ISSUED/NOT TIMELY
- ☐ ISSUANCE OF ENDORSEMENT
  - ☐ Receipt within 30 calendar days
  - ☐ Other (Specify
- ☐ INSURED NOTICES
- ☐ RETURN PREMIUM
- ☐ COLLECTION OF PREMIUM
- ☐ SURCHARGES
- ☐ CLAIM HANDLING
- ☐ OTHER PROBLEMS (Specify in Remarks)
- ☐ FINANCIAL RESPONSIBILITY FILINGS

A producer of record may make telephone calls to the Plan office when a company has not provided the service as specified in the Plan/Program Performance Standards. All calls should be directed to the Customer Service Department at (800) 622-0954. Also, a producer may call a company for an item where performance standards have not been met.

COMPLAINANT REMARKS

COMPANY RESPONSE:

☐ VALID ☐ INVALID (If invalid, a full explanation is required with complete documentation. Specify reason and all details below.)

PLAN DETERMINATION:

☐ VALID ☐ INVALID DATE ENTERED: SUSPENSE DATE: DATE RESOLVED:

COMMENTS:

☐ NO RESPONSE FROM COMPANY PLAN STAFF INITIALS:

MAIL TO:

California Automobile Assigned Risk Plan
P.O. Box 6530
Providence, RI 02940-6530

Print name of person responding from Company :

Telephone Number where that person can be reached :

INSTRUCTIONS ON HOW TO USE THIS FORM - Complainant completes the form and keeps one (1) copy. Complainant mails one (1) copy to the Plan office. Two (2) copies are mailed to the Company. Company is to respond and mail their response back to the Plan office within **20 days** from the complaint date. Company keeps one (1) copy for their records.

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YOU CAN ALSO FAX THIS FORM TO (415) 421-4013 OR E-MAIL IT TO CAARP@AIPSO.COM