PRODUCER PERFORMANCE COMPLAINT FORM

(FOR USE ONLY IF A PRODUCER HAS FAILED TO PERFORM IN ACCORDANCE WITH THE TERMS LISTED BELOW)

SECTION 1. PLAN

INDIANA AUTOMOBILE INSURANCE PLAN

SECTION 2. COMPLAINT DATE (mm/dd/yyyy)

SECTION 3. PRODUCER/COMPLAINANT/INSURED INFORMATION

a.	Producer Name/Agency Name	Telephone Number (include area code)	Extension	
	Mailing Address	City	State	Zip Code
	Producer License Number	Producer Tax ID Number		
b.	Complainant Name (Include company name, if applicable)	Telephone Number (include area code)	Extension	
	Mailing Address	City	State	Zip Code

c.	Insured Name	Policy Effective Date (mm/dd/yyyy)	Policy Number	Assignment Number (APN)

SECTION 4. VIOLATIONS (Complainant should refer to the Producer Performance Standards in the Indiana Plan Manual/Plan of Operation.)

☐ ORIGINAL APPLICATION
Application should be fully completed and include:
- ☐ Producer Name, Address, Tax ID Number
- ☐ Signatures of Applicant and Producer
- ☐ Deposit Premiums
- ☐ Legible copy of Applicant and Operator(s) valid driver's license
- ☐ Registration for each vehicle on the application.
- ☐ Application completed and mailed properly.

☐ CLAIMS
When an Insured reports an accident or claim to the Producer, the Producer shall report it to the company within one (1) working day in accordance with the instructions of the Insurer.

☐ PAYMENTS
- ☐ Producer shall remit all payments received from insureds to the company by the date due.
- ☐ Dishonored checks shall be reported to the Plan.

☐ RETURN COMMISSION
☐ POLICY CHANGE REQUEST
☐ OTHER (Specify in Section 5.)

SECTION 5. COMPLAINANT REMARKS (If necessary, attach additional documentation.)

SECTION 6. PRODUCER RESPONSE

Producer Respondent	Telephone Number (include area code)	Extension

☐ VALID ☐ INVALID (If invalid, provide a full explanation and complete documentation.)

SECTION 7. PLAN DETERMINATION

☐ VALID ☐ INVALID ☐ NO RESPONSE FROM PRODUCER	Date Entered (mm/dd/yyyy)	Suspense Date (mm/dd/yyyy)	Date Resolved (mm/dd/yyyy)	Plan Staff Initials

SECTION 8. COMPLAINANT AND PRODUCER INSTRUCTIONS

Complainant: Complete Sections 1 – 5, retain a copy, mail a copy to the Plan and to the producer.
Producer: Complete Section 6, retain a copy, and mail a copy to the Plan within 20 days of the complaint date.

Mail Plan copy to **INDIANA AUTOMOBILE INSURANCE PLAN**
302 CENTRAL AVE
JOHNSTON RI 02919