

PRODUCER PERFORMANCE COMPLAINT FORM

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

CONNECTICUT AUTOMOBILE INSURANCE ASSIGNED RISK PLAN (CT AIARP) MAINE AUTOMOBILE INSURANCE PLAN (ME AIP) NEW HAMPSHIRE AUTOMOBILE INSURANCE PLAN (NH AIP) PENNSYLVANIA ASSIGNED RISK PLAN (PA ARP) VERMONT AUTOMOBILE INSURANCE PLAN (VT AIP)

SECTION 1. PLAN Check appropriate box(es) **SECTION 2. COMPLAINT DATE**

<input type="checkbox"/> CONNECTICUT <input type="checkbox"/> MAINE <input type="checkbox"/> NEW HAMPSHIRE <input type="checkbox"/> VERMONT <input type="checkbox"/> PENNSYLVANIA <input type="checkbox"/> COMMERCIAL	(mm/dd/yyyy)
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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			
b.	Complainant Name	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 Performance Standards For Producers in the applicable state Plan Manual.)

<p>ORIGINAL APPLICATION Application failed to include or comply with Performance Standard</p> <ul style="list-style-type: none"> <input type="checkbox"/> Necessary information to rate and write the policy, prepare a bill, and make any required financial responsibility or motor carrier fillings. <input type="checkbox"/> Name, address, and Tax ID Number of Producer <input type="checkbox"/> Estimated premium individually listed per coverage (ME, NH, only) <input type="checkbox"/> Supporting documentation (PA only) <input type="checkbox"/> Premium Comparison Form, where premium financed (PA only) <input type="checkbox"/> Applications requiring immediate coverage shall have the immediate coverage section of the application completed and be mailed in accordance with the Plan rules (PA only) <input type="checkbox"/> Acceptance/Rejection Forms mandated by Act 6 (PA only) <input type="checkbox"/> Application mailed in accordance with Plan rules 	<ul style="list-style-type: none"> <input type="checkbox"/> Signature of Applicant and Producer certify date and time that application was completed. <input type="checkbox"/> DEPOSIT PREMIUM (was not submitted in accordance with Plan rules) <input type="checkbox"/> RETURN COMMISSION/COMPENSATION Return commissions shall be paid within 45 calendar days from the date of notice to the producer. <input type="checkbox"/> RENEWAL PREMIUM (submitted gross to company/servicing carrier) (NH, VT only) <input type="checkbox"/> POLICY CHANGE REQUEST (producer did not submit prescribed form) <input type="checkbox"/> CANCELLATION OF POLICY (PA only) Producer cannot cancel policy and rewrite to avoid rate increase. <input type="checkbox"/> 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. 	<p>For CT: When an insured reports an accident or claim to the producer, the producer shall report it to the company within one (1) working day for bodily injury or death claims and (3) working days for all other claims in accordance with the instructions of the insurer.</p> <ul style="list-style-type: none"> <input type="checkbox"/> PAYMENTS <ul style="list-style-type: none"> <input type="checkbox"/> Producer failed to remit all payments received from insureds to the company/servicing carrier by the due date. <input type="checkbox"/> Producer submitted a dishonored check. <input type="checkbox"/> TELEPHONE REQUIREMENTS (PA only) Producers shall not use the Toll Free Line or make collect calls unless the call concerns a violation of Performance Standards. <input type="checkbox"/> FRAUD & MISREPRESENTATIVE (CT & NH only) <input type="checkbox"/> OTHER ISSUES (specify in Section 5.)
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SECTION 5. COMPLAINANT REMARKS (If necessary, attach additional documentation.)

SECTION 6. PRODUCER RESPONSE

Producer Respondent	Telephone Number (include area code)	Extension
<input type="checkbox"/> VALID <input type="checkbox"/> INVALID (If invalid, provide a full explanation and attach appropriate documentation.)		

SECTION 7. PLAN DETERMINATION

<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	Date Entered (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 **NORTHEAST REGION**
302 CENTRAL AVENUE
JOHNSTON, RI 02919

Telephone: (401) 528-1488 (401) 946-2800 Fax: (401) 528-1409 Email: Northeast@aipso.com