COMPANY PERFORMANCE COMPLAINT FORM

SECTION 1. PLAN	SECTION 2. COMPLAINT DATE
INDIANA AUTOMOBILE INSURANCE PLAN	(mm/dd/yyyy)

SECTION 3. COMPANY/COMPLAINANT/INSURED INFORMATION

a.	Company Name				
	Mailing Address		City	State	Zip Code
b.	Complainant Name (Include agency, if applicable)		Complainant Telephone Number (include area code)		
	Mailing Address		City	State	Zip Code
c.	Insured Name	Policy Effective Date	Policy Number	Assignment Number (APN)	

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

☐ ISSUANCE OF ORIGINAL POLICY	☐ RETURN PREMIUMS	☐ CLAIM HANDLING
☐ RENEWAL POLICIES OR CERTIFICATES	☐ COLLECTION OF PREMIUM	☐ SURCHARGES
☐ ENDORSEMENTS	☐ COMPENSATION	☐ OTHER (Specify in Section 5.)

All complaints should be made to the Plan office when a company has not provided the service as specified in the Plan Performance Standards. Producers and insureds are encouraged to call the company first to attempt to solve the dispute before issuing a complaint.

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

SECTION 6. COMPANY RESPONSE

Company Respondent (Please Print)	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 COMPANY	Date Entered	Suspense Date	Date Resolved	Plan Staff Initials

SECTION 8 COMPLAINANT AND COMPANY INSTRUCTIONS

Complainant: Complete Sections 1 – 5, retain one (1) copy, mail one (1) copy to the Plan and mail one (1) copies to the company.
Company: Complete Section 6, retain one (1) copy, and mail one (1) 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