

COMPANY PERFORMANCE COMPLAINT FORM

CONNECTICUT AUTOMOBILE INSURANCE ASSIGNED RISK PLAN (CTAIARP) MAINE AUTOMOBILE INSURANCE (MEAIP) NEW HAMPSHIRE AUTOMOBILE INSURANCE PLAN (NHAIP) PENNSYLVANIA ASSIGNED RISK PLAN (PAARP) VERMONT AUTOMOBILE INSURANCE PLAN (VTAIP)

SECTION 1. PLAN (Check one)	SECTION 2. COMPLAINT DATE
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CTAIARP MEAIP NHAIP PAARP VTAIP
 CHECK IF COMMERCIAL

SECTION 3. COMPANY/COMPLAINANT/INSURED INFORMATION

a.	Company Name	Telephone Number (Include Area Code)	Extension	
	Mailing Address	City	State	Zip Code
b.	Complainant Name	Complainant Telephone Number (Include Area Code)	Extension	
	Mailing Address	City	State	Zip Code
c.	Insured Name	Policy Effective Date	Policy Number	Assignment Number (APN)

SECTION 4. VIOLATIONS

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| <input type="checkbox"/> ISSUANCE OF ORIGINAL POLICY | <input type="checkbox"/> ENDORSEMENTS | <input type="checkbox"/> CLAIM HANDLING |
| <input type="checkbox"/> INSURED NOTICES | <input type="checkbox"/> RETURN PREMIUM | <input type="checkbox"/> FINANCIAL RESPONSIBILITY FILINGS |
| <input type="checkbox"/> RENEWAL POLICIES | <input type="checkbox"/> COLLECTION OF PREMIUM | <input type="checkbox"/> RATING INFORMATION |
| <input type="checkbox"/> END OF ENDORSEMENT PERIOD | <input type="checkbox"/> COMMISSION | <input type="checkbox"/> OTHER PROBLEMS (Specify in Sec. 5) |

A producer may call a company/servicing carrier collect or on its toll free number for an item where performance standards have not been met.

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

SECTION 6. COMPANY RESPONSE

Company Respondent (please print)	Telephone Number (include area code and extension)
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- VALID INVALID (If invalid, provide a full explanation and complete documentation.)
 Currently Resolved - Date Resolved _____ Currently in Process - Date of Completion _____

SECTION 7. PLAN DETERMINATION

<input type="checkbox"/> VALID <input type="checkbox"/> INVALID <input type="checkbox"/> NO RESPONSE FROM COMPANY	Date Received	Date Resolved	Date of Response letter	Plan Staff Initials
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SECTION 8. COMPLAINANT AND COMPANY INSTRUCTIONS

Complainant: Complete Sections 1 – 5, retain one (1) copy, mail one (1) copy to the Plan and mail two (2) 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: **NORTHEAST REGION**
 302 CENTRAL AVENUE
 JOHNSTON, RI 02919

Telephone: (401) 946-2800

Fax: (401) 528-1409

Email: Northeast@aipso.com