

# COMPANY PERFORMANCE COMPLAINT FORM

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

## CENTRAL REGION AUTOMOBILE ASSIGNED RISK PLAN

### SECTION 1. PLAN (Check one)

Illinois  Iowa  Missouri (MOAIP)  Missouri (MJUA)  Nebraska  
 Minnesota  North Dakota  South Dakota

### SECTION 2. COMPLAINT DATE

(mm/dd/yyyy)

### SECTION 3. COMPANY/COMPLAINANT/INSURED INFORMATION

a.	Company Name			
	Mailing Address	City	State	Zip Code
b.	Complainant Name		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 applicable state 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. All calls should be directed to the Plan office at (888) 706-6100.

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

### SECTION 6. COMPANY RESPONSE

Company Respondent (Please Print)	Telephone Number (include area code)	Extension
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VALID  INVALID (If invalid, provide a full explanation and complete documentation.)

### SECTION 7. PLAN DETERMINATION

<input type="checkbox"/> VALID <input type="checkbox"/> INVALID <input type="checkbox"/> NO RESPONSE FROM COMPANY	Date Entered	Suspense Date	Date Resolved	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 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: **CENTRAL REGION AUTOMOBILE INSURANCE PLANS**  
**P.O. BOX 6530**  
**PROVIDENCE, RI 02940-6530**  
**Fax: (800) 827-6260**  
**Email: [ilaip@aipso.com](mailto:ilaip@aipso.com)**