

PRODUCER PERFORMANCE COMPLAINT FORM

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

RHODE ISLAND AUTOMOBILE INSURANCE PLAN (RI AIP)

SECTION 1. PLAN (Check one)

RI AIP RI CAIP

SECTION 2. COMPLAINT DATE

(mm/dd/yyyy)

SECTION 3. PRODUCER/COMPLAINANT/INSURED INFORMATION

a.	Producer Name/Agency Name			
	Mailing Address	City	State	Zip Code
	Producer License Number	Telephone Number (include area code)	E-mail Address	
b.	Complainant Name		Telephone Number (include area code)	E-mail Address
	Mailing Address	City	State	Zip Code
c.	Insured Name	Policy Effective Date (mm/dd/yyyy)	Policy Number	

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

<input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> Deposit Premiums <input type="checkbox"/> Applications requiring immediate coverage shall have the immediate coverage section of the application completed and mailed in accordance with Plan rules. <input type="checkbox"/> RETURN COMMISSIONS Date producer was originally billed for the return commission for the policy stated above: _____ Return commissions shall be paid within 45 days from the date of notice to the producer	<input type="checkbox"/> CLAIMS When an insurer reports an accident or claim to the producer, the producer shall report whatever information is available to the carrier within (1) working day in accordance with Plan rules. <input type="checkbox"/> PAYMENTS <input type="checkbox"/> Producer shall remit all payments received from insureds promptly in accordance with Plan rules. <input type="checkbox"/> Dishonored checks shall be reported to the Plan. <input type="checkbox"/> POLICY CHANGE REQUEST	<input type="checkbox"/> TELEPHONE REQUIREMENTS Producers shall not use the Toll Free Line or make collect calls unless the call concerns a violation of Performance Standards. <input type="checkbox"/> OTHER (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)	E-mail Address
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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	Date Entered (mm/dd/yyyy)	Date Resolved (mm/dd/yyyy)	Plan Staff Initials
<input type="checkbox"/> NO RESPONSE FROM PRODUCER			

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: **RHODE ISLAND AUTOMOBILE INSURANCE PLAN
PO BOX 6530
PROVIDENCE, RHODE ISLAND 02940-6530
(401) 946-2600**