

COMPANY PERFORMANCE STANDARDS COMPLAINT FORM

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. COMPANY/COMPLAINANT/INSURED INFORMATION

a.	Company Name	Telephone Number (include area code)	E-mail Address		
	Company Representative Name				
	Mailing Address	City	State	Zip Code	
b.	Complainant Name	Complainant Telephone Number (include area code)	E-mail Address		
	Mailing Address	City	State	Zip Code	
c.	Insured Name	Policy Effective Date	Policy Number		

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

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| <input type="checkbox"/> ISSUANCE OF ORIGINAL POLICY
<input type="checkbox"/> Issuance Within 30 Days
<input type="checkbox"/> Other (Specify in Section 5.) | <input type="checkbox"/> ISSUANCE OF ENDORSEMENTS
<input type="checkbox"/> Issuance Within 30 Days
<input type="checkbox"/> Other (Specify in Section 5.) | <input type="checkbox"/> FINANCIAL RESPONSIBILITY FILINGS
<input type="checkbox"/> RATING INFORMATION
<input type="checkbox"/> OTHER (Specify in Section 5.) |
| <input type="checkbox"/> INSURED NOTICES | <input type="checkbox"/> RETURN PREMIUM | |
| <input type="checkbox"/> RENEWAL POLICIES
<input type="checkbox"/> Non Receipt of Quote
<input type="checkbox"/> Non Receipt of Policy
<input type="checkbox"/> Other (Specify in Section 5.) | <input type="checkbox"/> COLLECTION OF PREMIUM
<input type="checkbox"/> COMPENSATION
<input type="checkbox"/> CLAIM HANDLING | |

A producer of record shall have the right to make collect telephone calls to the Plan office when a company has not provided the service as specified in these Performance Standards. The telephone number of the Plan is 401-946-2600. Also, a producer may call a company collect or on its toll free line 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	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 COMPANY			

SECTION 8. COMPLAINANT AND COMPANY INSTRUCTIONS

Complainant: Complete Sections 1 – 5, retain a copy, mail a copy to the Plan and to the company.
Company: 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, RI 02940-6530
(401) 946-2600