

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE**

COMPLAINT FORM

Complaint No. _____

Date Received: _____

Date Resolved: _____

COMPLAINANT:

Name: _____

Mailing Address: _____

Telephone No.: (_____) _____ (Home) (_____) _____ (Work)
(_____) _____ (Other)

STATUS OF COMPLAINANT:

INSURED THIRD PARTY BENEFICIARY BROKER AGENT OTHER

COMPLAINT AGAINST:

AGENT BROKER CONSULTANT ADJUSTER INSURANCE COMPANY
 OTHER

Indicate Individual's/Company's Name: _____

Telephone No.: (_____) _____ Facsimile No.: (_____) _____

TYPE OF COVERAGE:

AUTOMOBILE HOMEOWNERS LIFE COMMERCIAL MUTI PERIL OTHER

REASON FOR COMPLAINT:

PREMIUM RATES REFUSAL TO INSURE TWISTING

CANCELLATION / RENEWAL AGENT HANDLING

MISLEADING ADVERTISING DENIAL OF CLAIM

CLAIM HANDLING DELAYS UNSATISFACTORY SETTLEMENT

MISREPRESENTATION SERVICE OTHER: _____

