

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

**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: \_\_\_\_\_

