

**DIVISION OF INSURANCE
CONSUMER SERVICES SECTION**

550 West 7th Avenue, Suite 1560, Anchorage, AK 99501-3567

Telephone: (907) 269-7900

Fax: (907) 269-7910

(800) INSURAK (800) 467-8725 (in-state only)

INSURANCE INQUIRY/COMPLAINT FORM

YOUR NAME _____

PHONE _____ ALT PHONE _____ EMAIL _____

ADDRESS _____
Street City Zip Code

NAME OF EMPLOYER _____

INSURED'S NAME AND ADDRESS (if different from above)

YOUR AGE ☐ Under 25 ☐ 25 to 49 ☐ 50 to 64 ☐ 65+

INSURANCE COMPANY _____
(Give name exactly as shown on policy.)

EFFECTIVE DATE _____

POLICY TYPE _____ POLICY NUMBER(S) _____
(Auto, Health, Life, etc.)

NAME OF AGENT OR ADJUSTER _____

DATE OF LOSS _____ DATE CLAIM SUBMITTED _____
(if applicable)

GROUP INSURANCE MEMBERSHIP OR CERT. NO. _____

EMPLOYER _____

Please give a **FACTUAL STATEMENT OF THE PROBLEM**. Enclose a copy of your policy and any related material as described in the letter on the reverse side. If more space is required, use an additional sheet of paper and **sign each page**.

Signature _____ Date _____



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

DIVISION OF INSURANCE
Anchorage Office

550 W. 7th Avenue, Suite 1560
Anchorage, Alaska 99501-3567
Main: 907.269.7900
Fax: 907.269.7910
TDD: 907.465.5437

Dear Consumer,

This letter responds to your request for assistance in resolving your insurance concerns.

The mission of the Division of Insurance is to protect the public. We have the authority to take the appropriate administrative action against any violator of the Alaska Insurance Laws. We investigate complaints to ensure that anyone conducting insurance business in our state complies with those insurance laws.

Please complete the Insurance/ Inquiry/Complaint Form. If you need more space to explain your concerns, please use extra sheets of paper and sign each page. Your signature authorizes the Division of Insurance to investigate your complaint. Attach copies of all correspondence, policies and other items relating to your problem. Itemized medical bills, explanation of benefits sheets, property loss forms, vehicle appraisals and police reports are examples of other items you might include. Including complete documentation will help the division in handling your complaint.

Once you return this form, the complaint will be forwarded to the insurance company for a response and the consumer service specialist assigned to your complaint will contact you. We will need approximately forty-five days to complete our investigation.

Thank you for this opportunity to assist you with your insurance concerns.

Sincerely,

A handwritten signature in blue ink that reads "Kathy L. Leonnig".

Kathy L. Leonnig
Consumer Services Supervisor
Alaska Division of Insurance