



**STATE OF CONNECTICUT
INSURANCE DEPARTMENT**

CONSUMER COMPLAINT FORM

I WISH TO FILE A COMPLAINT:

Name:					
Street:					
City:		State:		Zip Code:	
Telephone:	Home:		Business:		

1) IF COMPLAINT INVOLVES *YOUR* INSURANCE COVERAGE OR POLICY, COMPLETE THE FOLLOWING:

(a) Name of <i>Your</i> Insurance Company:					
Street:					
City:		State:		Zip Code:	

(b) <i>Your</i> Agent/Broker:					
Agency:					
Other:					

Name of Insured: (If different than above)					
Street:					
City:		State:		Zip Code:	
<i>If you are not the insured, cite your relationship to insured:</i>					

2) PLEASE FURNISH US WITH THE FOLLOWING INFORMATION THAT IS PERTINENT TO YOUR COMPLAINT:

(a) Claim Number:		Date of Loss:	
If Claim, Date Submitted:		Amount of Claim:	
(b) Policy Number:			
Policy Cancellation Date:		Policy Expiration Date:	
(c) Date of Notice of Nonrenewal:			
(d) Effective Date of Coverage:			
(e) Premium(s) Paid:			

(OVER)

(800) 203-3447 Fax (860)297-3872

www.state.ct.us/cid/

Mail To >

P.O. Box 816 Hartford CT 06142-0816

< Mail To

An Equal Opportunity Employer

Print this complaint form after all information is entered, sign the bottom and fax to each of the three people listed below:

- 1. Insurance Department: Raymond Claytor @ 860-297-3872**
- 2. Attorney General: Justin Kronholm @ 860-808-5387**
- 3. ABAC Legal Counsel: 860-848-0534**

In the space given to describe the complaint, be sure to include the following details, and attach additional pages if needed.

- 1. The date you met with the appraiser**
- 2. The appraiser's name and, if you have it, their appraisers license #.**
- 3. The name of the insurance company or appraisal company the appraiser works for.**
- 4. Approximate difference between your estimates.**
- 5. Explain your attempt to negotiate the claim fairly.**
- 6. The Connecticut statute you believe the appraiser violated (38A-790-8).**
- 7. Explain that you have read the Connecticut Insurance Department's "Position Regarding Reasonable and Customary Complaints," and that the appraiser appears to have violated these rules.**
- 8. Include your posted labor rate, the insurance company's labor rate and the rate you are willing to negotiate to.**
- 9. If you have a list of what other insurance companies are paying you, a survey of local shops' rates, copies of estimates written by other insurance companies, or any other written material supporting your position, include them with the complaint.**

After faxing this material to the above numbers, make a copy of your complaint and mail the signed original to the following address:

**Raymond Claytor
Connecticut Department of Insurance
Consumer Affairs Division
PO Box 816
Hartford CT 06142-0816**

Following is a sample complaint. DO NOT copy this. It's just to give you an idea of what to write.

On 3/12/03 an Insurance appraiser came to our shop to write an appraisal. His appraisal was about half of mine due to the large difference in labor rate. The appraiser wrote his estimate at \$XX per labor hour. He told me all negotiations for an agreed labor rate must be directed to his boss, Joe Blow. When I called Mr. Blow to negotiate the claim, he refused to negotiate. He stated that his company did not negotiate labor rates. I believe this violates Connecticut statute 38A-790-8. It also appears to violate the Connecticut Insurance Department's "Position Regarding Reasonable and Customary Complaints."

Our posted labor rate of \$XX per flat rate hour is fair and reasonable based on a recent, extensive survey of all repair shops in our area, conducted by us. Results of the survey are included with this complaint. I was willing to drop our rate to \$XX but Mr. Blow refused to budge one penny. This shows a total disregard of Connecticut's Insurance laws, and an unreasonable lack of flexibility and willingness to negotiate in good faith.