

Before you file a request for assistance with the Tennessee Department of Commerce and Insurance, you should first contact the insurance company or producer (agent) to resolve the issue(s). If you do not receive a satisfactory response, complete and submit a complaint form. Below are frequently asked questions for your reference.

What does the Financial Services Investigation Unit (“FSIU”) do? FSIU investigates allegations of fraud and other violations of state insurance laws committed by insurance companies, insurance producers (agents), agencies, and other industry professionals doing business in Tennessee.

What FSIU cannot do:

- Act as your lawyer or give legal advice. Any action taken on your complaint will be to enforce rules and regulations, not to recover funds. The Division does not legally represent individual interests and cannot compel anyone to return your money.
- Recommend an insurance company, agency, or policy.
- Identify an insurance company with whom a particular person or entity may have a policy.
- Resolve disputes of fact when the only evidence is your word against the word of the producer or company.
- Make determinations related to the facts of a case (for example, we cannot determine the value of damaged, stolen property, or conclude fault).
- Force a company to satisfy you if no laws have been broken.

The Department of Commerce and Insurance does not have jurisdiction over the following plans or entities:

- Workers’ Compensation Claims (for information, contact the Tennessee Department of Labor and Workforce Development).
- Self-Insured Employee Health Programs.
- Union Plans (health and welfare plans).
- State of Tennessee Employees’ Health Insurance.
- Federal Employees’ Health and Life insurance.
- Military Insurance (for more information contact TRICARE).
- TennCare (for information, contact the Department of Finance and Administration, TennCare Bureau).
- Medicare.
- Third-Party Administrators.
- Insurance Adjusters.

Does FSIU investigate fraud committed by policyholders? No. FSIU investigates the insurance industry and insurance professionals. Its statutory authority does not extend to investigations involving fraud committed by policyholders or third parties. Such investigations are generally handled by insurance companies and law enforcement.

How do I file a complaint? You can file a complaint online, over the phone, or in person. The most convenient and expeditious way to file a complaint is to fill out a complaint form located on our website at <https://www.tn.gov/commerce/securities/investors/file-a-complaint.html> select the form for **Insurance Agent/Agency Complaint**.

What documentation do I need to file a complaint? Relevant documentation includes insurance policies, certificates of insurance, sales literature, account statements, cancelled checks, confirmations, correspondence, or anything else that might be pertinent to proving or disproving allegations. Generally, the more relevant documentation you supply, the easier it is to investigate your complaint.

Can I file a complaint anonymously? Yes, however, without knowing the source of the complaint, it is often difficult to effectively investigate the allegations.

I have filed a complaint. What happens next? After your complaint has been received, it will be reviewed and assigned to an investigator for further evaluation to determine whether to recommend an official investigation. An investigator may contact you for more facts and information. You may also be asked to give a formal interview or statement. If necessary, you may be asked to testify at an administrative hearing.

What happens if FSIU determines that fraud has occurred? If the investigation concludes that fraud has occurred, FSIU will recommend the appropriate administrative action be taken by our Legal Division. Such action could include fines, suspension, or revocation of license. If legal action is initiated, the outcome will be determined in a hearing before an administrative law judge in accordance with state law. In certain situations, FSIU will refer the investigation to the appropriate law enforcement authorities for possible criminal prosecution.

Where can I go to get more information on insurance fraud? Visit our website at www.tn.gov/insurance.

Keep this sheet for your reference. Return only the following pages as your formal complaint.



Financial Services Investigation Unit
 500 James Robertson Parkway
 Nashville, TN 37243

Complaint Form:

Insurance Agent / Agency

1. Your contact information (please print or type):

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Age group at time of incident/transaction: Under 25 25 to 49 50 to 64 Over 65

2. Who is your complaint against? Insurance Agency (Company) Insurance Agent (Individual)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

3. What is the nature of the complaint?

Unlicensed insurance producer (agent) or agency

Misrepresenting terms of insurance policy

Changed responses on application for insurance

Failing to disclose relevant information pursuant to a policy

Fraudulent, coercive, or dishonest business practices

Selling, soliciting, or negotiating insurance for a company/agency that is not authorized to transact business in Tennessee

Other _____

4. Why are you filing this complaint? (Attach additional pages as needed)

5. Do you have a policy with this agent or agency that is being affected by this complaint?

No or Yes

If yes, what type?

Life: Policy # _____ Casualty: Policy # _____

Auto: Policy # _____ Homeowners: Policy # _____

Accident and Health: Policy # _____

Other: Type and Policy # _____

6. When did the above incident occur? From: ____/____/____ To: ____/____/____

7. Do you have any documentation (statements, policies, emails, etc.) that evidence your complaint?

No or Yes If yes, please provide copies (no originals) along with this completed form.

8. Are you represented by an attorney in this matter? No or Yes

If yes, what is your attorney's name? _____

Attorney Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

9. Would you be willing to sign an affidavit and testify regarding your transaction(s) with this company?

No or Yes

I do hereby verify that the information in this complaint is true and correct to the best of my knowledge and belief.

Complainant's Name (print or type): _____

Complainant's Signature: _____

Current Date: ____/____/____