



INSURANCE FRAUD COMPLAINT

Return to:
Department of Commerce and Insurance
Insurance Division – Fraud Investigations
500 James Robertson Parkway, 6th Floor
Nashville, Tennessee 37243-0575

Your Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

Work phone: _____ Cell: _____

Best time to contact you: _____ at Home Work Cell Email

Who is Your Complaint Against?

Provide the name, address and phone number of one or more of the parties your complaint is against:

a. Insurance Company:

b. Insurance Agency:

c. Agent, Adjuster, Appraiser:

If applicable, in what state did you purchase this insurance? _____

a. Date of Purchase: _____

b. Policy number: _____

c. Certificate Number: _____

- d. Claim Number: _____
- e. Dates of violation (if known): _____
- f. Amount of Loss: _____

Type of Insurance

Please check the appropriate box or boxes if more than one type of insurance is applicable:

Annuity	Auto	Commercial	Dental	Disability
Group Health	Home	Individual Health		Life
Long Term Care	Medical Supplement	Title		Workers Comp
Other	Describe: _____			

Reason for Complaint

Please check all applicable boxes:

- Providing incorrect, misleading, incomplete or materially untrue information in a license application
- Violating any law, rule, regulation or order of another state’s insurance commission
- Obtaining or attempting to obtain a license through misrepresentation or fraud
- Improperly withholding, misappropriating, or converting funds
- Misrepresenting terms of insurance contract or policy
- Felony conviction
- Having admitted or been found guilty of insurance fraud or unfair trade practices
- Using fraudulent, coercive or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business
- Having an insurance producer license denied, suspended or revoked in any other state or territory
- Forgery
- Cheating on insurance license exam
- Knowingly directing any person to submit a false or misleading application for health care benefits through TennCare
- Accepting insurance business from an unlicensed individual
- Selling, soliciting, or negotiating insurance for a company that is not authorized to transact business in this state
- Acting as a financial planner
- Failing to disclose relevant information pursuant to a policy
- Charging unlawful fees
- Unlicensed insurance producer
- Other Describe: _____

Complaint Detail

Describe your complaint in detail. Include the names of all persons who were involved, include the dates of all relevant conversations, meetings and transactions. Describe any representations that were made.

Documentation

Please list any documentation that you may have to support your allegations. Such documentation may include, but is not limited to: checks, bank statements, policy statements, certificates of insurance, correspondence, prospectus, reports, or any other relevant documents. Please attach **copies** of any such documents to this complaint.

Final Step

Are you willing to testify if proceedings are initiated by the Tennessee Insurance Division?

YES NO

I hereby attest that the information contained in this complaint is true and accurate to the best of my knowledge.

Signature

Date