

**DIVISION OF INSURANCE  
CONSUMER SERVICES SECTION**

550 West 7<sup>th</sup> 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

550 West Seventh Avenue, Suite 1560  
Anchorage, AK 99501-3567  
Main: 907.269.7900  
Fax: 907.269.7910

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 "Shauna K. Nickel".

Shauna K. Nickel  
Consumer Service Supervisor  
Alaska Division of Insurance