



Department of Commerce and Insurance
500 James Robertson Parkway
Davy Crockett Tower
Nashville, Tennessee 37243-0565
615.741.2241

CONSUMER INSURANCE SERVICES DIVISION – WHAT WE DO

The Department of Commerce and Insurance is responsible for regulating and supervising insurance companies, agents, and brokers. Our authority to do so is outlined in the insurance laws and regulations of the State of Tennessee. We serve to protect the public from willful violations of the insurance code or other state laws.

The Consumer Insurance Services and Education Division is here to assist you with your insurance inquiry or complaint. We handle most insurance problems involving homeowners, automobile, health, life, dental, disability, annuities, just to name a few. We have the authority to investigate complaints against insurers, agents and brokers, assist in providing complaint mediation, and enforce insurance laws on behalf of a consumer who feels he or she was treated unfairly. In order to resolve a claim dispute, the Division takes an active role in being a third party mediator. The investigator assigned to a case must determine if the involved insurance company or agent has conducted its affairs in accordance with accepted business principles reflecting good faith actions and is acting in accordance with Tennessee insurance laws and regulations. Investigative procedures include interviews with insurance company personnel, insurance agents and the inquiring party, in addition to a thorough review of all related documentation. Our primary responsibility is to you, the consumers of Tennessee. We want to ensure your insurance rights under your insurance contract and/or the laws and regulations of Tennessee have not been violated.

WHAT WE CAN DO

- Present your complaint to the insurance company.
- Obtain information or explanations on your behalf from the insurance company or its representatives. This may involve written and verbal contact with the companies or persons.
- Review in detail the information obtained from the company for compliance with applicable statutes, regulations, and policy contracts.
- Serve as a mediator to help you resolve your insurance concerns.
- Explain the provisions of your policy.
- Suggest actions or procedures you may take that could aid in resolving your insurance problems.

WHAT WE CANNOT DO

- Act as your lawyer or give legal advice.
- Recommend an insurance company, agent, 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 medical judgments.
- Make determinations related to the facts of a case (for example, we cannot determine the value of damaged or 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:

- Workers' Compensation (For information, contact the Tennessee Department of Labor and Work Force)
- Self-Insured Employee Health Insurance Programs
- Union Plans (health and welfare plans)
- Third Party Administrators
- Insurance Adjusters
- State of Tennessee Employees' Health Insurance
- Federal Employees' Health and Life Insurance
- Entities we do not license (For example, Discount Drug Cards)

- Military Insurance (For more information, contact TRICARE)
- Policies purchased in another state (Contact the state where policy was purchased)
- TennCare (For more information, contact TennCare Bureau)
- Medicare

BEFORE FILING A COMPLAINT

1. Contact the insurance company or agent and bring the problem to their attention. Document your telephone calls by noting the name of the person you speak with, the date and time of the call and a brief summary of the conversation. Keep copies of all written correspondence.
2. If you are not satisfied with the results you receive contact the Consumer Insurance Services and Education Division for assistance. Insurance investigators are available to answer general questions by telephone at 615-741-2218, or if outside Davidson County, 1-800-342-4029. **Formal complaints must be submitted in writing.**

HOW TO FILE A COMPLAINT

1. Complaints may be submitted in the following ways:

By mail to:

Consumer Insurance Services
500 James Robertson Parkway
Davy Crockett Tower, Fourth Floor
Nashville, TN 37243

By fax to: (615) 532-7389

By e-mail at: cis.complaints@state.tn.us

(To download a complaint form, go to www.state.tn.us/commerce/insurance/pdf/ccompl.pdf)

KEEP YOUR ORIGINALS AND SEND ONLY COPIES OF INFORMATION.

2. When we receive your complaint, we will assign a file number and send you written notification of receipt of your complaint and the file number. At that time, we will also forward your complaint to the insurance company or agent requesting a response. The insurance company or agent has 30 days to respond to our inquiry. When calling or writing please refer to the file number.
3. When we receive a response, we will receive the complaint and the response. Our review will result in one of the following actions:
 - If the complaint has been resolved, we will close the file and send you a letter.
 - If an insurance law has been violated, we will request corrective action.
 - If the company is not abiding by the policy, we will request corrective action.
 - If the insurer or agent has not responded to all questions or has not investigated the complaint thoroughly, we will require them to do so.
 - If no violation of Tennessee law is found, we will send you a letter explaining why the investigation is being closed.

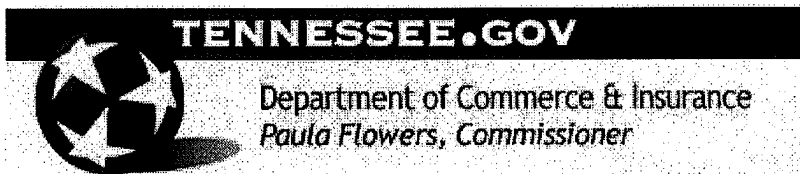
In each instance, you will receive a written response from our Department explaining the results of our investigation.

On average, it takes 45 days from the time we receive a complaint until we finalize a file. If your complaint involves a unique or complex problem, it may take longer

If you have questions or need additional information, please call Consumer Insurance Services at 615-741-2218, or if outside Davidson County, 1-800-342-4029.

We hope you will find the information contained here to be helpful and informative. Our primary responsibility is to you, the consumers of Tennessee who are protected by an insurance product in the state of Tennessee. We recognize that and we consider it an honor to serve you.

THANK YOU FOR CONTACTING CONSUMER INSURANCE SERVICES AND EDUCATION



Consumer Insurance Services
 500 James Robertson Parkway, 4th Floor
 Nashville, TN 37243-0574
 (800) 342-4029 · (615) 741-2218
FAX: (615) 532-7389
CIS.Complaints@state.tn.us

CONSUMER COMPLAINT FORM

Please complete this form and fax or mail it back to us. We will inform you of your assigned investigator once your file has been set-up. You may wish to provide documentation that supports your complaint. **Please do not send originals!**

Complainant Information

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	File Number:	Assign:
First Name	Last Name:		
Business Name:	Include Business Name only if applicable:		
Street Address			
City	State:	Zip Code	
Phone Numbers	Daytime/Alternate		
Email Address	County (TN only)		
Age Group	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 to 49 <input type="checkbox"/> 50 to 64 <input type="checkbox"/> Over 65 <input type="checkbox"/> Not Applicable		

Insurance Information

My Complaint is against:	<input type="checkbox"/> my ins. co; <input type="checkbox"/> my agent; <input type="checkbox"/> other party's ins co; <input type="checkbox"/> other:		
Type of Coverage:	<input type="checkbox"/> Auto; <input type="checkbox"/> Homeowners; <input type="checkbox"/> Life; <input type="checkbox"/> Health; <input type="checkbox"/> other:		
Insurance Company:	Agent:		
Date of loss or incident	Agent's Phone No (if against agent)		
If Policy was terminated:	Cancellation Date:	Effective Date:	
Adjuster's Name (if applicable):	Insured (if not you):		
Company Reference:	<input type="checkbox"/> Policy; <input type="checkbox"/> Claim number (provide one):		
Reason(s) for Complaint:	<input type="checkbox"/> Claim Denial	<input type="checkbox"/> Claim Delays	<input type="checkbox"/> Low settlement offer
<input type="checkbox"/> Premium & Rating	<input type="checkbox"/> Premium Billing	<input type="checkbox"/> Premium Refund	<input type="checkbox"/> Information Requested
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Non-renewal	<input type="checkbox"/> Rate Classification	<input type="checkbox"/> Policy Delivery
<input type="checkbox"/> Other (Describe)			

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Signature:

	Date:	
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