CONSUMER COMPLAINT FORM

Mail to: 1818 E. College Pkwy #103 Carson City, NV 89706
775-687-0700 Phone
775-687-0797 Fax

Mail to: 3300 W. Sahara Ave., Suite 275 Las Vegas, NV 89102
702-486-4009 Phone
702-486-4007 Fax

Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.

Are you represented by an attorney? Yes ___ No ___
If yes, please be advised the Division may not be able to intercede on your behalf.

File your complaint online at: DOI.NV.GOV

Your contact information

<table>
<thead>
<tr>
<th>Name:</th>
<th>________________________________</th>
<th>Apt. #: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>__________________________________</td>
<td>City: ____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State: ______ Zip: __________</td>
</tr>
<tr>
<td>Home Phone: __________</td>
<td>Work phone: ____________________</td>
<td></td>
</tr>
<tr>
<td>Cell Phone: ____________________</td>
<td>Email: __________________________</td>
<td></td>
</tr>
</tbody>
</table>

Policyholder information (if complaint is against other party’s insurance)

| Name of policyholder: | ________________________________ |

Insurance information

Insurance company the complaint is against:

<table>
<thead>
<tr>
<th>Type of policy:</th>
<th>☐ Group ☐ Individual ☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy No:</td>
<td>Claim No: ____________________</td>
</tr>
</tbody>
</table>

If auto related, License Plate No: ____________________

Date of Loss/Accident/Incident: ____________________

<table>
<thead>
<tr>
<th>Type of insurance:</th>
<th>☐ Auto ☐ Home/Condo/Renters ☐ Health ☐ Life ☐ Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Long Term Care ☐ Medical Supplemental ☐ Ext. Warranty/Service Contract</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Agent/Agency Name: ____________________

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Define your problem
Please check all that apply:
☐ Claim denial  ☐ Unsatisfactory claim settlement  ☐ Billing problem
☐ Premium increase  ☐ Claim delay  ☐ Refusal to insure
☐ Cancellation/non-renewal  ☐ Misrepresentation  ☐ DMV Lapse
☐ Other: ____________________

Give a brief explanation of the problem: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Desired resolution: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Release for Information:
• I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
• If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer on any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
• I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

Signature: __________________________ Date: ______________________
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