CONSUMER AFFAIRS DIVISION
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, AZ 85018-7269
Tel: 602-364-2499 | **Fax:** 602-364-2505 | **Toll Free:** 1-800-325-2548
Web Site: insurance.az.gov | **E-mail**: consumercomplaint@azinsurance.gov

REQUEST FOR ASSISTANCE

Save Form | Print Form | Send by E-mail

By completing this Request for Assistance Form and sending it to the Arizona Department of Insurance, I attest that the information provided to the Department of Insurance is accurate to the best of my knowledge and ability, and that I understand that the facts relating to this complaint will become a matter of public record, pursuant to Arizona law.

SECTION A: Information About You

Date:	Phone number:	E-mail address:		
Your last name:	Your first name:	Your middle name:	II/III/Jr./Sr.	
Street address:	City:	State	ZIP code:	

SECTION B: Information About the Insured

(complete this section if the insured is someone **other than yourself**)

Insured's last name:	Insured's first name:	Insured's middle name:	II/III/Jr./Sr.
Insured's phone number:	Insured's e-mail address:		
Insured's street address:	City:	State	ZIP code:

SECTION C: Information About the Insurance Coverage

Name of the insurance company:		Policy #:
Type of insurance (life, health, auto, homeowners, etc.)	Policy effective date:	State where purchased:

SECTION D: Consent to Share Information

I authorize the Department of Insurance to share information regarding this Request for Assistance with the company identified above and the following individuals. I understand that the person(s) listed below may request and may have access to the information related to my individual complaint presented in this document.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

SECTION E: Type of Issue/Question

For what type of issue are you requesting assistance?

- ☐ **Claim Denial**
- ☐ **Delays**
- ☐ **Policy Cancellation**
- ☐ **Premium Rates**
- ☐ **Refusal to Insure**
- ☐ **Agent Handling**
- ☐ **Other (please describe):**

Date:	Your name (last, first, middle, II/III/Jr./Sr.): ,

SECTION F: Statement of Facts

Please complete and attach this "Statement of Facts" page or attach a brief statement that describes

- What the insurance company/agent has done or has failed to do; and
- What you would like the Department of Insurance to do to help you.

Please describe what the insurance company/agent has done or has failed to do.

Please describe what you would like the Department of Insurance to do to help you.

The Arizona Department of Insurance complies with the Americans with Disabilities Act (ADA) and the Arizonans with Disabilities Act. Individuals with disabilities may request materials in an alternative format by contacting our ADA Coordinator at (602) 364-3100 and should do so as early as possible to allow reasonable time to make necessary arrangements.