



## Request For Information (“RFI”) Transmittal

ADOI Case #

Full Name of Underwriting Insurer:		NAIC #:
1 <sup>st</sup> Level Coverage:	2 <sup>nd</sup> Level Coverage:	
Insurer Contact Name:	Phone:	E-mail:

### SECTION 1: Status of Complaint

<input type="checkbox"/>	<b>Scenario A – The complaint has been resolved.</b> An explanation of the resolution is provided in SECTION 2 of this form. Accompanying this form is a copy of the communication sent to the complainant.
<input type="checkbox"/>	<b>Scenario B – The complaint is about a matter outside the jurisdiction of the Arizona Department of Insurance.</b> An explanation is provided in SECTION 2 of this form.
<input type="checkbox"/>	<b>Scenario C – The complaint has not been resolved; the company’s position remains unchanged.</b> Accompanying this form are <u>all</u> the items the Department of Insurance requested in its correspondence concerning the complaint.

### SECTION 2: Explanation of Complaint Status

### SECTION 3: Type of Coverage. Review the categories of insurance shown below and on Page 2. Select one (1) FIRST-LEVEL COVERAGE type and up to three (3) associated SECOND-LEVEL COVERAGE types that apply to the complaint.

AUTO		HOMEOWNERS	
FIRST-LEVEL COVERAGE	SECOND-LEVEL COVERAGE	FIRST-LEVEL COVERAGE	SECOND-LEVEL COVERAGE
<input type="checkbox"/> 0105 Indiv. Private Passenger	<input type="checkbox"/> 0130 Liability	<input type="checkbox"/> 0305 Homeowners	<input type="checkbox"/> 0325 Liability
<input type="checkbox"/> 0107 Group Private Pssngr.	<input type="checkbox"/> 0135 Physical Damage	<input type="checkbox"/> 0307 Group Homeowners	<input type="checkbox"/> 0330 Theft
<input type="checkbox"/> 0110 Commercial	<input type="checkbox"/> 0137 Collision	<input type="checkbox"/> 0310 Farmowner/Ranchowner	<input type="checkbox"/> 0333 Earthquake
<input type="checkbox"/> 0115 Motorcycle	<input type="checkbox"/> 0138 Comprehensive	<input type="checkbox"/> 0315 Mobile Homeowner	<input type="checkbox"/> 0334 Flood
<input type="checkbox"/> 0120 Motorhome / RV	<input type="checkbox"/> 0140 Medical Payments	<input type="checkbox"/> 0317 Condo/Town	<input type="checkbox"/> 0345 Private Flood
<input type="checkbox"/> 0123 Motorsports	<input type="checkbox"/> 0145 UM/UIM	<input type="checkbox"/> 0318 Renters/Tenants	<input type="checkbox"/> 0335 Fire - Real Property
<input type="checkbox"/> 0124 Rental	<input type="checkbox"/> 0151 Personal Effects Coverage		<input type="checkbox"/> 0336 Single Interest
	<input type="checkbox"/> 0153 Rental Reimbursement		<input type="checkbox"/> 0337 Medical Payments
	<input type="checkbox"/> 0154 Towing		<input type="checkbox"/> 0338 In Home / Incidental
	<input type="checkbox"/> 0155 Residual Mkt./JUA Related		<input type="checkbox"/> 0340 Personal Property
	<input type="checkbox"/> 0156 Physical Damage Waiver		<input type="checkbox"/> 0341 Residual Mkt./JUA Related
	<input type="checkbox"/> 0157 Collision Damage Waiver		<input type="checkbox"/> 0342 Replacement Cost
	<input type="checkbox"/> 0158 Supplemental Liability		<input type="checkbox"/> 0343 Loss of Use
	<input type="checkbox"/> 0159 Personal Passenger Protctn.		<input type="checkbox"/> 0344 Windstorm
	<input type="checkbox"/> 0185 Surplus Lines		<input type="checkbox"/> 0385 Surplus Lines
	<input type="checkbox"/> 0199 Other (use rarely if at all)		<input type="checkbox"/> 0399 Other (use rarely if at all)

# Request For Information ("RFI") Transmittal (continued)

ADOI Case #

Full Name of Underwriting Insurer:

NAIC #:

FIRE, ALLIED LINES & COMMERCIAL MULTI-PERIL		MISCELLANEOUS	
<b>FIRST-LEVEL COVERAGE</b>	<b>SECOND-LEVEL COVERAGE</b>	<b>FIRST-LEVEL COVERAGE</b>	<b>FIRST-LEVEL COVERAGE (cont'd)</b>
<input type="checkbox"/> 0205 Fire, Allied Lines	<input type="checkbox"/> 0225 Liability	<input type="checkbox"/> 0705 Workers' Compensation	<input type="checkbox"/> 0737 Watercraft
<input type="checkbox"/> 0207 Crop/Hail	<input type="checkbox"/> 0230 Theft	<input type="checkbox"/> 0710 Fidelity & Surety	<input type="checkbox"/> 0738 Aircraft
<input type="checkbox"/> 0210 Commercial Multi-Peril	<input type="checkbox"/> 0233 Windstorm	<input type="checkbox"/> 0715 Ocean Marine	<input type="checkbox"/> 0739 Bail Bonds
<input type="checkbox"/> 0215 Credit Property	<input type="checkbox"/> 0235 Fire - Real Property	<input type="checkbox"/> 0720 Inland Marine	<input type="checkbox"/> 0740 Ext'd Warrnty/Svc Contracts
<input type="checkbox"/> 0217 Dwelling Fire	<input type="checkbox"/> 0240 Personal Property	<input type="checkbox"/> 0725 Title	<input type="checkbox"/> 0741 Federal Programs
<input type="checkbox"/> 0218 Builder's Risk	<input type="checkbox"/> 0243 Residual Mkt./JUA Related	<input type="checkbox"/> 0727 Home/Incidental Business	<input type="checkbox"/> 0742 Federal Crop
	<input type="checkbox"/> 0285 Surplus Lines	<input type="checkbox"/> 0730 Mortgage Guaranty	<input type="checkbox"/> 0743 Federal Flood
	<input type="checkbox"/> 0299 Other (use rarely if at all)	<input type="checkbox"/> 0733 Boiler Machinery	<input type="checkbox"/> 0744 Travel
		<input type="checkbox"/> 0734 PMI	<input type="checkbox"/> 0770 Pet Insurance
		<input type="checkbox"/> 0736 Surplus Lines	<input type="checkbox"/> 0799 Other (use rarely if at all)

LIABILITY		LIFE & ANNUITY	
<b>FIRST-LEVEL COVERAGE</b>	<b>SECOND-LEVEL COVERAGE</b>	<b>FIRST-LEVEL COVERAGE</b>	<b>SECOND-LEVEL COVERAGE</b>
<input type="checkbox"/> 0605 General	<input type="checkbox"/> 0625 Employment Policy	<input type="checkbox"/> 0405 Individual Life	<input type="checkbox"/> 0435 Accidntl Death/Disbrmnt
<input type="checkbox"/> 0610 Products	<input type="checkbox"/> 0630 Excess Loss	<input type="checkbox"/> 0410 Group Life	<input type="checkbox"/> 0440 Association
<input type="checkbox"/> 0615 Professional E & O	<input type="checkbox"/> 0635 Medical Malpractice	<input type="checkbox"/> 0415 Indiv. Annuities	<input type="checkbox"/> 0445 Equity Indexed
<input type="checkbox"/> 0617 Umbrella	<input type="checkbox"/> 0640 Pollution	<input type="checkbox"/> 0417 Group Annuities	<input type="checkbox"/> 0450 Fixed
<input type="checkbox"/> 0618 Directors & Officers	<input type="checkbox"/> 0685 Surplus Lines	<input type="checkbox"/> 0420 Credit Life	<input type="checkbox"/> 0455 Premium Waiver
	<input type="checkbox"/> 0699 Other (use rarely if at all)	<input type="checkbox"/> 0425 Accelerated Benefits	<input type="checkbox"/> 0460 Single Premium
			<input type="checkbox"/> 0465 Term
			<input type="checkbox"/> 0470 Universal
			<input type="checkbox"/> 0475 Variable
			<input type="checkbox"/> 0480 Whole
			<input type="checkbox"/> 0499 Other (use rarely if at all)

**ACCIDENT & HEALTH**

► Was the policy sold through the federal Health Insurance Exchange?  Yes  No

<b>FIRST-LEVEL COVERAGE</b>	<b>SECOND-LEVEL COVERAGE (cont'd)</b>	<b>SECOND-LEVEL COVERAGE (cont'd)</b>
<input type="checkbox"/> 0505 Individual	<input type="checkbox"/> 0538 Autism/PDD	<input type="checkbox"/> 0535 Medicare Supplement
<input type="checkbox"/> 0510 Group	<input type="checkbox"/> 0543 Mental Health	<input type="checkbox"/> 0536 Medicare Select
<input type="checkbox"/> 0515 Credit	<input type="checkbox"/> 0539 Student Health	<input type="checkbox"/> 0575 Medicare Advantage
	<input type="checkbox"/> 0540 Long-Term Care	<input type="checkbox"/> 0576 Medicare RX Drug/Part D
	<input type="checkbox"/> 0541 Home Health Care	<input type="checkbox"/> 0577 Medicare Supplement
	<input type="checkbox"/> 0542 Short-term Limited-duration	<input type="checkbox"/> 0578 Medicare Select
	<input type="checkbox"/> 0546 Occupational Accident	<input type="checkbox"/> 0580 Medicare Supplement Plan A
	<input type="checkbox"/> 0547 Limited Benefits	<input type="checkbox"/> 0581 Medicare Supplement Plan B
	<input type="checkbox"/> 0548 Chiropractic	<input type="checkbox"/> 0582 Medicare Supplement Plan C
	<input type="checkbox"/> 0550 Hospital Indemnity	<input type="checkbox"/> 0583 Medicare Supplement Plan D
	<input type="checkbox"/> 0551 Vision	<input type="checkbox"/> 0584 Medicare Supplement Plan E
	<input type="checkbox"/> 0552 HIPAA	<input type="checkbox"/> 0585 Medicare Supplement Plan F
	<input type="checkbox"/> 0553 Unemployment	<input type="checkbox"/> 0586 Medicare Supplement Plan G
	<input type="checkbox"/> 0554 Pre-existing Condition	<input type="checkbox"/> 0587 Medicare Supplement Plan H
	<input type="checkbox"/> 0555 Cancer/Dread Disease	<input type="checkbox"/> 0588 Medicare Supplement Plan I
	<input type="checkbox"/> 0556 Self Funded/ERISA	<input type="checkbox"/> 0589 Medicare Supplement Plan J
	<input type="checkbox"/> 0557 COBRA	<input type="checkbox"/> 0590 Medicare Supplement Plan K
	<input type="checkbox"/> 0558 HMO	<input type="checkbox"/> 0591 Medicare Supplement Plan L
	<input type="checkbox"/> 0559 PPO	<input type="checkbox"/> 0592 Medicare Supplement Plan M
	<input type="checkbox"/> 0560 Transition Coverage	<input type="checkbox"/> 0593 Medicare Supplement Plan N
		<input type="checkbox"/> 0594 Other Medicare Supp Plans
		<input type="checkbox"/> 0595 Pre-standardized Med Supp
		<input type="checkbox"/> 0599 Other (use rarely if at all)

**SECOND-LEVEL COVERAGE (may relate to any first-level A&H coverage)**

- 0520 Accident Only
- 0521 Grandfathered
- 0522 Exchange
- 0523 Pharmacy Benefits
- 0524 Catastrophic
- 0525 Disability Income
- 0526 Bronze
- 0527 Silver
- 0528 Gold
- 0529 Platinum
- 0530 Health Only
- 0531 Small Group
- 0532 Large Group
- 0533 Child Only
- 0534 Multistate
- 0537 Stand-alone Dental
- 0545 Dental