

NAIC Standard Complaint Data

State:	State Complaint ID:	Date Opened: (MM/DD/YYYY)	Date Closed: (MM/DD/YYYY)
Subject: Select only one (1) subject area, if applicable Subject Area: HUR = Hurricane INT = Internet Related LEA = Lead MOL = Mold OBS = Obesity TER = Terrorism TOR = Tornado OTH = Other Additional Details (25 characters): _____			Confirmed Complaint Indicator: Y N

Respondent Agency/Firm Information			
Respondent Name:			
NAIC Company Code:	Alien ID:	FEIN:	
National Producer Number (NPN) Agencies Only:		Social Security Number (SSN) Agencies Only:	
Address:	City:	State:	Zip Code:

Respondent Agency/Firm Function Codes (check one)					
Code	Abbreviation	Description	Code	Abbreviation	Description
01	ADJ	Adjuster/Appraiser	12	PFC	Premium Finance Company
02	AIR	Alien Insurer or Reinsurer	13	PPO	Preferred Provider Organization
65	BBA	Bail Bond Agency	14	PRI	Principal or Owner
66	BOG	Bogus Firm	15	PRO	Producer (agent, broker, solicitor, etc)
03	CAI	Captive Insurer	16	REI	Reinsurance Intermediary
04	DIT	Director of Trustees	17	RPG	Risk Purchasing Group
05	HCP	Health Care Provider	18	RRG	Risk Retention Group
06	HMO	Health Maintenance Organization	20	SEI	Self Insured
07	INC	Insurance Consultant	21	STF	State Fund
08	JUA	Joint Underwriting Association	69	TAG	Title Agency
09	MET	MEWA or Multiple Employer Trust	22	TPA	Third Party Administrator
10	MGA	Managing General Agent	23	UDI	U.S. Domiciled Insurer
11	OTH	State Specific	24	UNK	Unknown
			25	URO	Utilization Review Organization

Respondent Individual Information			
Respondent Name:			
SSN/NPN:	Date of Birth: (MM/DD/YYYY)	Phone: (xxx-xx-xxxx)	
Address:	City:	State:	Zip Code:

Respondent Individual Function Codes (check one)					
Code	Abbreviation	Description	Code	Abbreviation	Description
26	ADJ	Adjuster/Appraiser	68	PAJ	Public Adjuster
67	BOG	Bogus Representative	37	PRE	President
27	CEO	Chief Executive Officer	38	PRI	Principal or Owner
28	COO	Chief Operating Officer	39	PRO	Producer (agent, broker, solicitor, etc.
29	DIT	Director of Trustees	40	REI	Reinsurance intermediary
30	EMP	Employee	41	SEC	Secretary
31	HCP	Health Care Provider	42	TPA	Third Party Administrator
32	INC	Insurance Consultant	43	TRE	Treasurer
33	KEE	Key Employee	44	UNK	Unknown
34	MGA	Managing General Agent	45	URO	Utilization Review Organization
35	OFF	Officer	49	VIP	Vice President
36	OTH	Other	50	NAV	Navigator
			51	CAC	Certified Application Counselor
			52	IPA	In-Person Assister

Complainant/Insured Information		
Complainant Zip Code:	Complainant Type Code:	INS=Insured; BEN=Beneficiary; PRO=Producer; PRV=Provider; THP=Third Party; MIL=Military Personnel; OTH=Other
	Insured Age Group:	Age Group Codes: 1= <25; 2= 25 to 49; 3= 50 to 64; 4= 65+

Type of Coverage - Select only one (1) item from the first level of coverage and up to three (3) items from the second level.

<p>Auto <u>First Level Coverage</u></p> <p>0105 Individual Private Passenger 0107 Group Private Passenger 0110 Commercial 0115 Motorcycle 0120 Motor Home/Recreational Vehicles 0123 Motorsports 0124 Rental 0125 State Specific</p> <p><u>Second Level Coverage</u></p> <p>0130 Liability 0135 Physical Damage 0137 Collision 0138 Comprehensive 0140 Medical Payments 0145 Uninsured Motorists and/or Underinsured Motorists (UM/UIM) 0150 No-Fault/Personal Injury Protection (PIP) 0151 Personal Effects Coverage (PEC) 0152 Policy Proof of Interest (PPI) 0153 Rental Reimbursement 0154 Towing 0155 Residual Market/Joint Underwriting Assn 0156 Physical Damage Waiver (PDW) 0157 Collision Damage Waiver (CDW) 0158 Supplemental Liability Insurance (SLI) 0159 Personal Passenger Protection (PPP) 0160 State Specific 0185 Surplus Lines</p>	<p>Life & Annuity <u>First Level Coverage</u></p> <p>0405 Individual Life 0410 Group Life 0415 Individual Annuities 0417 Group Annuities 0420 Credit Life 0425 Accelerated Benefits 0430 State Specific</p> <p><u>Second Level Coverage</u></p> <p>0435 Accidental Death & Dismemberment 0440 Association 0445 Equity Index 0450 Fixed 0455 Premium Waiver 0460 Single Premium 0465 Term 0470 Universal 0475 Variable 0480 Whole Life 0495 State Specific</p>	<p>Accident & Health <u>First Level Coverage</u></p> <p>0505 Individual (Grandfathered) 0510 Group (Grandfathered) 0515 Credit Accident & Health 0517 State Specific (Grandfathered) 2000 Non-Exchange Individual 2001 Non-Exchange Small Group 2002 Non-Exchange Large Group 2003 Non-Exchange CO-OP 2004 Non-Exchange Child Only 2005 Non-Exchange Stand Alone Dental 2006 Non-Exchange State Specific 2007 Exchange Individual 2008 Exchange Small Group (SHOP) 2009 Exchange CO-OP 2010 Exchange Child Only 2011 Exchange Multi State 2012 Exchange Stand Alone Dental 2013 Exchange State Specific</p> <p><u>Second Level Coverage</u></p> <p>0520 Accidental Only (Grandfathered) 0525 Disability Income 0530 Health Only (Grandfathered) 0540 Long Term Care 0541 Home Health Care 0543 Mental Health (Grandfathered) 0545 Dental (Grandfathered) 0546 Occupational Accident 0547 Limited Benefits (Grandfathered) 0548 Chiropractic (Grandfathered) 0550 Hospital Indemnity (Grandfathered) 0551 Vision (Grandfathered) 0552 HIPAA 0553 Unemployment 0554 Pre-existing Condition (Grandfathered) 0555 Cancer/Dread Disease (Grandfathered) 0556 Self Funded/ERISA 0557 COBRA 0558 HMO 0559 PPO 0560 State Specific (Grandfathered) 0575 Medicare Advantage 0576 Medicare Prescription Drug/Part D 0577 Medicare Supplement 0578 Medicare Select 0580 Medicare Supplement Plan A 0581 Medicare Supplement Plan B 0582 Medicare Supplement Plan C 0583 Medicare Supplement Plan D 0584 Medicare Supplement Plan E 0585 Medicare Supplement Plan F 0586 Medicare Supplement Plan G 0587 Medicare Supplement Plan H 0588 Medicare Supplement Plan I 0589 Medicare Supplement Plan J 0590 Medicare Supplement Plan K 0591 Medicare Supplement Plan L 0592 Medicare Supplement Plan M 0593 Medicare Supplement Plan N 0594 Medicare Supplement Plan Other/Unknown 0595 Medicare Supplement Pre-Standardized 2050 Accidental Only 2051 Health Only 2052 Mental Health 2053 Dental 2054 Limited Benefits 2055 Chiropractic 2056 Hospital Indemnity 2057 Vision 2058 Pre-existing Condition 2059 Cancer/Dread Disease 2060 Pharmacy Benefits 2061 State Specific</p>
<p>Fire, Allied Lines, and CMP <u>First Level Coverage</u></p> <p>0205 Fire, Allied Lines 0207 Crop/Hail 0210 Commercial MP 0215 Credit Property 0217 Dwelling Fire 0218 Builder's Risk 0220 State Specific</p> <p><u>Second Level Coverage</u></p> <p>0225 Liability 0230 Theft 0233 Windstorm 0235 Fire-Real Property 0240 Personal Property 0243 Residual Market/JUA Related 0245 State Specific 0285 Surplus Lines</p>	<p>Liability <u>First Level Coverage</u></p> <p>0605 General 0610 Products 0615 Professional/E&O 0617 Umbrella 0618 Directors & Officers 0620 State Specific</p> <p><u>Second Level Coverage</u></p> <p>0625 Employment Policies 0630 Excess Loss 0635 Medical Malpractice 0640 Pollution 0685 Surplus Lines 0695 State Specific</p>	
<p>Homeowners <u>First Level Coverage</u></p> <p>0305 Homeowners 0307 Group Homeowners 0310 Farm owner/Ranch owner 0315 Mobile Homeowner 0317 Condo/Townhome 0318 Renter/Tenants 0320 State Specific</p> <p><u>Second Level Coverage</u></p> <p>0325 Liability 0330 Theft 0333 Earthquake 0334 Flood 0335 Fire-Real Property 0336 Single Interest 0337 Medical Payments 0338 In-home/Incidental Business 0340 Personal Property 0341 Residual Market/Joint Underwriting Assn 0342 Replacement Cost 0343 Loss of Use 0344 Windstorm 0345 State Specific 0385 Surplus Lines</p>	<p>Miscellaneous</p> <p>0705 Workers' Compensation 0710 Fidelity & Surety 0715 Ocean Marine 0720 Inland Marine 0725 Title 0727 In-Home/Incidental Business 0730 Mortgage Guaranty 0733 Boiler Machinery 0734 Private Mortgage Insurance (PMI) 0736 Surplus Lines 0737 Watercraft 0738 Aircraft 0739 Bail Bonds 0740 Extended Warranty & Service Contracts 0741 Federal Programs 0742 Federal Crop 0743 Federal Flood 0744 Travel 0745 State Specific</p>	

Reason for Complaint – Select up to three (3) items per category.

<u>Underwriting</u>	<u>Marketing & Sales</u>	<u>Claim Handling</u>
0805 Premium & Rating	0902 Unfair Discrimination	1001 Adjuster Handling
0810 Refusal to Insure	0903 Suitability	1002 Prompt Pay
0815 Cancellation	0904 Financial Privacy	1003 Willing Provider
0816 Nonrenewal	0905 Misleading Advertising	1004 Participating Provider Availability
0818 Credit Report	0906 Health Privacy	1005 Unsatisfactory Settlement/Offer
0819 Redlining	0908 Replacement	1006 Pre-existing Condition
0820 Underwriting Delays	0911 Unauthorized Entity	1007 Medical Necessity Denial
0821 Forced Placement	0913 Fiduciary Theft	1009 Fraud
0822 Audit Dispute	0915 Misrepresentation	1010 Post Claim Underwriting
0825 Unfair Discrimination	0918 Misappropriation of Premium	1012 Subrogation
0828 Rescission	0919 Not appointed with Company	1013 Contributory Comparative Negligence
0829 Surcharge (homeowner's Insurance or Safe Driver Incentive Program (SDIP))	0922 High Pressure Tactics	1015 Claim Denial
0830 Endorsement/Rider	0923 Duplication of Coverage	1017 Usual, Customary, Reasonable (UCR) Charges
0835 Group conversion	0924 Rebating	1018 Out of Network Benefits
0836 CLUE Reports	0926 Misstatement of Application	1019 Co-pay, Deductible, and Co-Insurance Issues
0837 MIB Reports	0929 Fraud/Forgery	1020 Coordination of Benefits
0840 Continuation of Benefits	0930 State Specific	1021 Authorization Dispute
2206 <u>Continuity of Care</u>	0931 Excess Compensation Without Agreement	1022 Primary Care Physician Referral
2207 <u>Dependent Age – Coverage of Child to Age 26</u>	0933 Failure to Submit Application	1025 Claim Delay
2208 <u>Health Status</u>	0934 Premiums Misquoted	1028 Assignment of Benefits
2209 <u>Rate Classification</u>	0935 Other Violation of Insurance Law/Regulation	1030 Cost Containment
	0936 Adjuster Working for a Company Not Licensed	1035 State Specific
	2229 <u>Health Reform Sales</u>	1036 Appeal Non-compliance
	2240 <u>Marketplace Assister</u>	1037 Claim recoding/bundling
	2241 <u>Navigator</u>	1038 Recoupment
	2242 <u>Not Licensed Producer</u>	2250 <u>Annual Limit</u>
	2213 <u>Producer Handling</u>	2251 <u>Essential Health Benefit</u>
	2214 <u>Summary of Benefits</u>	2252 <u>Experimental Procedure</u>
		2253 <u>External Review</u>
		2254 <u>Internal Appeal</u>
		2255 <u>Lifetime Limit</u>
		2256 <u>Preventive Care</u>
		2257 <u>Timely Access to Care</u>
		2258 <u>Utilization Review</u>
		2259 <u>Pharmacy Benefits</u>
		2260 <u>Maternity and Emergency Coverage</u>
<u>Policy Holder Service</u>		
1101 Closed Network/Provider Discrimination	1120 Unsatisfactory Refund of Premium	1133 Provider Listing Dispute
1103 Class Action	1121 Nonforfeiture	1134 Delayed Appeal Consideration
1104 1035 Exchange	1122 Viatical Settlement	1135 Delayed Authorization Decision
1105 Premium Notice/Billing	1123 Payment Not Credited	1136 Access to Fee Schedule/Rates
1107 Surrender Problems	1125 Coverage Question	1137 Inadequate Reimbursement/Rates
1110 Cash Value	1126 Access to Care	1138 Unfair Negotiation
1113 Accelerated Benefits	1129 Abusive Service	2271 <u>Company/Agent Dispute</u>
1115 Delays/No Response	1130 State Specific	2272 <u>Premium Subsidy</u>
1118 Delivery of Policy	1131 Credentialing Delay	2273 <u>Quality of Care</u>
	1132 Involuntary Termination by Plan	2274 <u>Wellness Program</u>
		2275 <u>Essential Community Provider</u>

Disposition – Select up to three (3) items.

1295 Compromise Settlement/Resolution	1295 Company Position Substantiated	2409 <u>Premium Problem Resolved</u>
1300 Claim Reopened	1300 No Jurisdiction	2415 <u>Advertising Withdrawn/Amended</u>
1305 Claim Settled	1305 Insufficient Information	2416 <u>Cancellation Notice Withdrawn</u>
1310 No Action Requested/Required	1310 State Specific	2417 <u>Licensed</u>
1311 Referred to Another State's Department of Insurance	1311 Company Position Overturned	2418 <u>Policy Issued/Restored</u>
1312 Department of Insurance	1312 Complaint Withdrawn	2419 <u>Referred to Market Conduct</u>
2405 Referred to Outside Agency/Department	2405 <u>Additional Payment</u>	2435 <u>Cancellation Upheld</u>
2406 Fine Assessed	2406 <u>Appointed</u>	2436 <u>Nonrenewal Notice Rescinded</u>
2407 Referred to Other Division for Possible Disciplinary Action	2407 <u>Coverage extended</u>	2437 <u>Policy Not in Force</u>
2408 Question of Fact/Contract Provision/Legal Issue	2408 <u>Nonrenewal Upheld</u>	2438 <u>Underwriting Practice Resolved</u>