

## COMPLAINTS QUESTIONNAIRE

All questions must be answered in order for Certificate of Authority to be issued. If a question does not apply to your company, please mark "n/a" where appropriate.

### FROM STATE INSURANCE DEPARTMENTS

1. Number of complaints in all areas this year-to-date \_\_\_\_\_
2. Total number of complaints in all areas past two (2) completed years \_\_\_\_\_
3. In separate attachments, please give detail regarding nature, type and resolution of each complaint.
4. Has your company been charged with any unfair claims or sales practices by any state in which you are currently licensed? (Give details on separate sheet) \_\_\_\_\_

### SALES

1. How many complaints have been made against your agents by state Insurance Department for refunds, misrepresentations or other improper sales activities? \_\_\_\_\_
2. How many rescissions of health policies have been made due to omitted health history?  
\_\_\_\_\_
3. How many life insurance complaints have been made against your agents by state Insurance Departments for improper replacement of policies or the omission of completed Comparative Information forms? \_\_\_\_\_

### GENERAL

1. Name of Parent Company \_\_\_\_\_
2. In separate attachments, please give detail regarding nature, type and resolution of each complaint made against said Parent Company during the past two (2) years.

\_\_\_\_\_  
Name and Title of Person Preparing Form (printed)

\_\_\_\_\_  
Signature of Person Preparing Form

\*To view a PDF file you will need the free [\*\*Adobe Acrobat Reader\*\*](#)