Print Form

CICPU 3/09

New Jersey Department of Banking and Insurance
Consumer Inquiry and Case Preparation Unit
P.O. Box 471 - Trenton, New Jersey 08625-0471

Phone: (609) 292-7272 Fax: (609) 777-0508

If you previously contacted the Department and were given a CICPU tracking number, please enter it below.

CICPU Tracking #_____

Please Print or Type **Complaint or Inquiry Involves: ☐ Company ☐ Agent ☐ Broker**

Name	Name
Address-Number & Street	Address-Number & Street
City State Zip Code	City State Zip Code
Home Ph: Bus. Ph: Cell Ph: E-mail:	Person Insured

On Behalf Of: (if same as above, write same)	Policy #	Claim #
Address-Number, Street & State	Date of Loss (Claim)	Amount Claimed

DETAILS OF COMPLAINT OR INQUIRY – Include copies of any documents or correspondence that you believe will assist us. **Do Not** Use Reverse Side of this form; attach additional pages if needed. **This form must be signed and dated**.

MY COMPLAINT OR INQUIRY IS:

NATURE OF COMPLAINT OR INQUIRY

Claim ☐ Rate ☐

Cancellation ☐ Service ☐

Other (specify) _____

TYPE OF POLICY

In which State was Policy Issued _____

☐ Auto ☐ Life

☐ Home ☐ Group Ins.

☐ Commercial ☐ Annuity

☐ Other (specify) ☐ Health (Provide I. D. #)

_____ #_____

I understand that a copy of this form and enclosures may be sent to any party cited within this inquiry and authorize the release to the N.J. Department of Banking and Insurance of any medical records pertinent to this request for assistance.

Signature _____

Date _____

NJSA 17:33A-6 provides that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Pleas mail/fax this signed form to the above address along with copies of any pertinent documents.