

**MARYLAND INSURANCE ADMINISTRATION  
COMPLAINT FORM**

**Complaint Against Insurance Professionals or Authorized Insurance Assistance Personnel**

**This form is to be used by any person or entity that wishes to file a complaint against any licensed insurance professional or authorized insurance assistance personnel.**

One of the primary roles of the Maryland Insurance Administration (MIA) is to protect consumers from illegal insurance practices by ensuring that insurance companies, insurance agencies and insurance professionals that operate in Maryland act in accordance with State insurance laws. If you have a complaint against an insurance company, please call 410-468-2000 or 1-800-492-6116 TTY: 1-800-735-2258. If you have a complaint against and insurance agency or producer (agent), please see the instructions below.

The MIA Enforcement Unit:

- Provides consumer information and investigates consumer complaints against insurance agencies and insurance professionals for most types of insurance.
- Works to respond promptly and completely to consumers' questions and complaints about insurance professionals, assist consumers in resolving those complaints whenever possible, and help consumers understand their options in handling these matters.

**Submit the completed form via mail, fax, or email to:**

Maryland Insurance Administration  
Attn: **MIA Enforcement Unit**  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202

**Phone:** (410) 468-2200 **Fax :** (410) 468-2245

**Email:** enforcement.mia@maryland.gov

**INFORMATION ABOUT YOU(Complainant)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INSURANCE PROFESSIONAL LICENSE TYPE –or- AUTHORIZED INSURANCE ASSISTANCE PERSONNEL AUTHORIZATION/CERTIFICATION TYPE (if known)**

Insurance Professional License Type		or	Authorized Insurance Assistance Personnel Authorization/ Certification Type	
<input type="checkbox"/> Insurance Adviser	<input type="checkbox"/> Public Adjuster		<input type="checkbox"/> Individual Navigator	<input type="checkbox"/> SHOP Navigator
<input type="checkbox"/> Insurance Producer (Life/Health/Property/Casualty/ Title/Bail Bonds)		<input type="checkbox"/> Maryland Health Connection Call Center Employee		
<input type="checkbox"/> Third Party Administrator	<input type="checkbox"/> Viatical Settlement Broker	<input type="checkbox"/> Connector Entity	<input type="checkbox"/> Application Counselor Entity	
<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/> Viatical Settlement Provider	<input type="checkbox"/> Application Counselor		

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ License Number: \_\_\_\_\_

Agency / Entity the individual represents: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

