SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

124 S. Euclid Ave., 2nd Floor, Pierre, SD 57501

Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

ONLINE COMPLAINT FORM

Instructions:

- Complete form and submit with any applicable attachments by mail or fax at address/fax information provided above or by email to **sdcomplaints@state.sd.us** (may be subject to file size limitation).

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Other phone: _____

My Current Insurance Company: _____

Primary Policyholder: _____

Type of Insurance *(indicate the type of insurance applicable to the complaint)*

Property / Casualty

- ○ Private Auto
- ○ Commercial Auto
- ○ Fire
- ○ Homeowners
- ○ Renters
- ○ Farm / Ranch Owner
- ○ Mobile Homeowner
- ○ Workers Compensation
- ○ Crop / Hail
- ○ Other: (please specify) _____

Life and Health

- ○ Individual Life
- ○ Group Life
- ○ Long Term Care
- ○ Individual Health*
- ○ Group Health
- ○ Dental
- ○ Medicare Supplement
- ○ Medicare Part D
- ○ Disability
- ○ Other: (please specify)

* Was the health insurance purchased via the federal healthcare exchange (Marketplace)? **Y** ○ **N** ○

Are you represented by an attorney in connection with this claim? Y ○ N ○

Policy Number: _____ Claim Number: _____

Date of Claim or Loss: _____

Complaint Against:

Insurance Company/Agent/Adjuster Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Complaint (Describe complaint in detail and provide copies of any applicable documentation)

Desired Resolution (Describe the preferred outcome)

The information I have given is true and accurate to the best of my knowledge. This information may be forwarded to the insurance company, if necessary, for the investigation of this matter. The Division has my permission to exchange any information I provide to the Division with my insurer(s), agent/broker and their contractors if relevant, and any representative or other person I have named in this complaint.

Authorization: ◯ **Yes** ◯ **No**

Signature **Date**