

**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	Problem Involves: (Company-Agent-Broker)	
Name	Name	
Address-Number & Street	Address-Number & Street	
City State Zip Code	City State Zip Code	
Telephone Number Home: Business:	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 PROBLEM – 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 PROBLEM IS

NATURE OF PROBLEM

Claim Rate
 Cancellation Service

Other (specify) _____

TYPE OF POLICY

Auto Life State Issued _____
 Home Group Ins.
 Commercial Health
 (I. D. #) _____
 Other (specify) _____

I understand that a copy of this form and enclosures may be sent to any party cited within the request 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.