



Request For Information ("RFI") Transmittal

ADOI Case #

Full Name of Underwriting Insurer:		NAIC #:
1 st Level Coverage:	2 nd Level Coverage:	
Insurer Contact Name:	Phone:	E-mail:

SECTION 1: Status of Complaint

<input type="checkbox"/>	Scenario A – The complaint has been resolved to the satisfaction of both the insurer and the insured/complainant. An explanation of the resolution is provided in SECTION 2 of this form. Accompanying this form is a copy of the communication sent to the complainant. PLEASE NOTE: The Department may ask for additional information at any time.
<input type="checkbox"/>	Scenario B – The complaint is about a matter outside the jurisdiction of the Arizona Department of Insurance. An explanation along with proof of non-jurisdiction is provided in SECTION 2 of this form.
<input type="checkbox"/>	Scenario C – The complaint has not been resolved; the company's position remains unchanged. Accompanying this form are <u>all</u> the items the Department of Insurance requested in its correspondence concerning the complaint.

SECTION 2: Explanation of Complaint Status

SECTION 3: Type of Coverage. Review the categories of insurance shown below and on Page 2. Select one (1) FIRST-LEVEL COVERAGE type and up to three (3) associated SECOND-LEVEL COVERAGE types that apply to the complaint.

AUTO		HOMEOWNERS	
FIRST-LEVEL COVERAGE	SECOND-LEVEL COVERAGE	FIRST-LEVEL COVERAGE	SECOND-LEVEL COVERAGE
<input type="checkbox"/> 0105 Indiv. Private Passenger	<input type="checkbox"/> 0130 Liability	<input type="checkbox"/> 0305 Homeowners	<input type="checkbox"/> 0325 Liability
<input type="checkbox"/> 0107 Group Private Pssngr.	<input type="checkbox"/> 0135 Physical Damage	<input type="checkbox"/> 0307 Group Homeowners	<input type="checkbox"/> 0330 Theft
<input type="checkbox"/> 0110 Commercial	<input type="checkbox"/> 0137 Collision	<input type="checkbox"/> 0310 Farmowner/Ranchowner	<input type="checkbox"/> 0333 Earthquake
<input type="checkbox"/> 0115 Motorcycle	<input type="checkbox"/> 0138 Comprehensive	<input type="checkbox"/> 0315 Mobile Homeowner	<input type="checkbox"/> 0334 Flood
<input type="checkbox"/> 0120 Motorhome / RV	<input type="checkbox"/> 0140 Medical Payments	<input type="checkbox"/> 0317 Condo/Town	<input type="checkbox"/> 0335 Fire - Real Property
<input type="checkbox"/> 0123 Motorsports	<input type="checkbox"/> 0145 UM/UIM	<input type="checkbox"/> 0318 Renters/Tenants	<input type="checkbox"/> 0336 Single Interest
<input type="checkbox"/> 0124 Rental	<input type="checkbox"/> 0150 No-Fault / PIP (N/A in AZ)		<input type="checkbox"/> 0337 Medical Payments
	<input type="checkbox"/> 0151 Personal Effects Coverage		<input type="checkbox"/> 0338 In Home / Incidental
	<input type="checkbox"/> 0152 Policy Proof of Interest		<input type="checkbox"/> 0340 Personal Property
	<input type="checkbox"/> 0153 Rental Reimbursement		<input type="checkbox"/> 0341 Residual Mkt./JUA Related
	<input type="checkbox"/> 0154 Towing		<input type="checkbox"/> 0342 Replacement Cost
	<input type="checkbox"/> 0155 Residual Mkt./JUA Related		<input type="checkbox"/> 0343 Loss of Use
	<input type="checkbox"/> 0156 Physical Damage Waiver		<input type="checkbox"/> 0344 Windstorm
	<input type="checkbox"/> 0157 Collision Damage Waiver		<input type="checkbox"/> 0385 Surplus Lines
	<input type="checkbox"/> 0158 Supplemental Liability		
	<input type="checkbox"/> 0159 Personal Passenger Protctn.		
	<input type="checkbox"/> 0185 Surplus Lines		

Request For Information ("RFI") Transmittal (continued)

ADOI Case #

Full Name of Underwriting Insurer:

NAIC #:

FIRE, ALLIED LINES & COMMERCIAL MULTI-PERIL		MISCELLANEOUS	
FIRST-LEVEL COVERAGE <input type="checkbox"/> 0205 Fire, Allied Lines <input type="checkbox"/> 0207 Crop/Hail <input type="checkbox"/> 0210 Commercial Multi-Peril <input type="checkbox"/> 0215 Credit Property <input type="checkbox"/> 0217 Dwelling Fire <input type="checkbox"/> 0218 Builder's Risk	SECOND-LEVEL COVERAGE <input type="checkbox"/> 0225 Liability <input type="checkbox"/> 0230 Theft <input type="checkbox"/> 0233 Windstorm <input type="checkbox"/> 0235 Fire - Real Property <input type="checkbox"/> 0240 Personal Property <input type="checkbox"/> 0243 Residual Mkt./JUA Related <input type="checkbox"/> 0245 State Specific <input type="checkbox"/> 0285 Surplus Lines	FIRST-LEVEL COVERAGE <input type="checkbox"/> 0705 Workers' Compensation <input type="checkbox"/> 0710 Fidelity & Surety <input type="checkbox"/> 0715 Ocean Marine <input type="checkbox"/> 0720 Inland Marine <input type="checkbox"/> 0725 Title <input type="checkbox"/> 0727 Home/Incidental Business <input type="checkbox"/> 0730 Mortgage Guaranty <input type="checkbox"/> 0733 Boiler Machinery <input type="checkbox"/> 0734 PMI <input type="checkbox"/> 0736 Surplus Lines	FIRST-LEVEL COVERAGE (cont'd) <input type="checkbox"/> 0737 Watercraft <input type="checkbox"/> 0738 Aircraft <input type="checkbox"/> 0739 Bail Bonds <input type="checkbox"/> 0740 Extended Warranty and Service Contracts <input type="checkbox"/> 0741 Federal Programs <input type="checkbox"/> 0742 Federal Crop <input type="checkbox"/> 0743 Federal Flood <input type="checkbox"/> 0744 Travel
LIABILITY		LIFE & ANNUITY	
FIRST-LEVEL COVERAGE <input type="checkbox"/> 0605 General <input type="checkbox"/> 0610 Products <input type="checkbox"/> 0615 Professional E & O <input type="checkbox"/> 0617 Umbrella <input type="checkbox"/> 0618 Directors & Officers	SECOND-LEVEL COVERAGE <input type="checkbox"/> 0625 Employment Policy <input type="checkbox"/> 0630 Excess Loss <input type="checkbox"/> 0635 Medical Malpractice <input type="checkbox"/> 0640 Pollution <input type="checkbox"/> 0685 Surplus Lines	FIRST-LEVEL COVERAGE <input type="checkbox"/> 0405 Individual Life <input type="checkbox"/> 0410 Group Life <input type="checkbox"/> 0415 Indiv. Annuities <input type="checkbox"/> 0417 Group Annuities <input type="checkbox"/> 0420 Credit Life <input type="checkbox"/> 0425 Accelerated Benefits	SECOND-LEVEL COVERAGE <input type="checkbox"/> 0435 Accidentl Death/Disbrmnt <input type="checkbox"/> 0440 Association <input type="checkbox"/> 0445 Equity Indexed <input type="checkbox"/> 0450 Fixed <input type="checkbox"/> 0455 Premium Waiver <input type="checkbox"/> 0460 Single Premium <input type="checkbox"/> 0465 Term <input type="checkbox"/> 0470 Universal <input type="checkbox"/> 0475 Variable <input type="checkbox"/> 0480 Whole

ACCIDENT & HEALTH

► Was the policy sold through the federal Health Insurance Exchange? Yes No

FIRST-LEVEL COVERAGE <input type="checkbox"/> 0505 Individual <input type="checkbox"/> 0510 Group <input type="checkbox"/> 0515 Credit	SECOND-LEVEL COVERAGE (cont'd) <input type="checkbox"/> 0534 Multistate <input type="checkbox"/> 0537 Stand-alone Dental <input type="checkbox"/> 0538 Autism/PDD <input type="checkbox"/> 0539 Student Health <input type="checkbox"/> 0540 Long-Term Care <input type="checkbox"/> 0541 Home Health Care <input type="checkbox"/> 0542 Short-term Limited-duration <input type="checkbox"/> 0543 Mental Health <input type="checkbox"/> 0545 Dental <input type="checkbox"/> 0546 Occupational Accident <input type="checkbox"/> 0547 Limited Benefits <input type="checkbox"/> 0548 Chiropractic <input type="checkbox"/> 0550 Hospital Indemnity <input type="checkbox"/> 0551 Vision <input type="checkbox"/> 0552 HIPAA <input type="checkbox"/> 0553 Unemployment <input type="checkbox"/> 0554 Pre-existing Condition <input type="checkbox"/> 0555 Cancer/Dread Disease <input type="checkbox"/> 0556 Self Funded/ERISA <input type="checkbox"/> 0557 COBRA <input type="checkbox"/> 0558 HMO <input type="checkbox"/> 0559 PPO	SECOND-LEVEL COVERAGE (cont'd) <input type="checkbox"/> 0535 Medicare Supplement <input type="checkbox"/> 0536 Medicare Select <input type="checkbox"/> 0549 Medicare Risk <input type="checkbox"/> 0575 Medicare Advantage <input type="checkbox"/> 0576 Medicare RX Drug/Part D <input type="checkbox"/> 0577 Medicare Supplement <input type="checkbox"/> 0578 Medicare Select <input type="checkbox"/> 0580 Medicare Supp Plan A <input type="checkbox"/> 0581 Medicare Supp Plan B <input type="checkbox"/> 0582 Medicare Supp Plan C <input type="checkbox"/> 0583 Medicare Supp Plan D <input type="checkbox"/> 0584 Medicare Supp Plan E <input type="checkbox"/> 0585 Medicare Supp Plan F <input type="checkbox"/> 0586 Medicare Supp Plan G <input type="checkbox"/> 0587 Medicare Supp Plan H <input type="checkbox"/> 0588 Medicare Supp Plan I <input type="checkbox"/> 0589 Medicare Supp Plan J <input type="checkbox"/> 0590 Medicare Supp Plan K <input type="checkbox"/> 0591 Medicare Supp Plan L <input type="checkbox"/> 0592 Medicare Supp Plan M <input type="checkbox"/> 0593 Medicare Supp Plan N <input type="checkbox"/> 0594 Other Medicare Supp Plans <input type="checkbox"/> 0595 Pre-standardized Med Supp
SECOND-LEVEL COVERAGE (may relate to any first-level A&H coverage) <input type="checkbox"/> 0520 Accident Only <input type="checkbox"/> 0521 Grandfathered <input type="checkbox"/> 0522 Exchange <input type="checkbox"/> 0523 Pharmacy Benefits <input type="checkbox"/> 0524 Catastrophic <input type="checkbox"/> 0525 Disability Income <input type="checkbox"/> 0526 Bronze <input type="checkbox"/> 0527 Silver <input type="checkbox"/> 0528 Gold <input type="checkbox"/> 0529 Platinum <input type="checkbox"/> 0530 Health Only <input type="checkbox"/> 0531 Small Group <input type="checkbox"/> 0532 Large Group <input type="checkbox"/> 0533 Child Only		