

Insurer Unfair Claims Practices Report

Insurance Company: _____

Name of adjuster or insurance company representative: _____

Name of agent (if applicable): _____

Policyholder or Claimant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy number: _____

Claim number: _____

Type of complaint:

- Steering (directing customer to a particular repair shop without first informing them of their right to choose a repair shop or directing a customer after the customer has stated their choice of repair shop)
- Parts Usage (an insurer requiring other than OEM parts)
- Arbitrary paint cap/threshold (insurer refuses to pay for paint and materials determined to be necessary by the repair shop)
- Labor Rate Short Payment (insurer refuses to pay for standard hourly rate established by the repair shop)
- Estimating database manipulation (insurer disregards a repair operation or cost identified by an estimating system)
- Other (describe below)

Please describe the insurance company's actions(s) or statement(s) relating to the complaint and provide any documentation to support the allegation.

Insured/Claimant forced to pay \$ _____

Date(s) event(s) occurred: _____

Please return completed form to:

Alliance of Automotive Service Providers, Minnesota
2520 Broadway St. N.E., Suite 202
Minneapolis, MN 55413
Phone: 612-623-1110 Fax: 612-623-1122
Email: aasp@aaspmn.org