

State of Delaware

Insurance Commissioner



841 Silver Lake Blvd.  
 Dover, Delaware 19904-2465  
 (302) 674-7310  
 (800) 282-8611 In Delaware only  
 Facsimile (302)739-6278  
 E-mail: Consumer@state.de.us

Department of Insurance

**REQUEST FOR ASSISTANCE**

Before you file a complaint/inquiry with the Delaware Department of Insurance, you should first contact the insurance company, agent or adjuster in an effort to resolve the issue(s). The department cannot act as your lawyer or give legal advice. If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Request for Assistance may be submitted by fax, email, mail, or telephone.

**I understand that a copy of this Request for Assistance may be provided to the insurance company, agent or adjuster.**

Please Print or Type

Name	(Last)	(First)	(MI)
Address	(Street)	(City)	(State) (Zip)
Daytime Phone #: ( )		E-mail address:	
Type of Insurance: (check one) Annuity-Long Term Care ___ Auto ___ Commercial ___ Disability Income ___ Health ___ Homeowner's ___ Life ___ Other (explain) _____			
My complaint is against: (check one) Insurance Company ___ Agent ___ Adjuster ___ Other (explain) _____			
The claim is being filed through: (check one) Your Policy ___ Someone else's Policy ___			
<b>Your Policy Information</b>			
(Insurance Company)	(Policy #)	(Claim #)	
(Name of Person You Spoke to)	(Their Phone #) ( )	(Date of Loss) / /	(State in which Policy was Purchased)
<b>Other Person's Policy Information</b>			
(Insurance Company)	(Policy #)	(Claim #)	
(Name of Person You Spoke to)	(Their Phone #) ( )	(Date of Loss) / /	
Have you retained an attorney? *Yes ___ No ___ <b>*If yes please give name, telephone number and address:</b> _____ _____			
Is a lawsuit currently on-going or pending? Yes ___ No ___			
<b>NOTE: If you have proceeded with litigation against the company and/or agent we will not be able to assist you.</b>			

