

Complaint Date:

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN (CAARP)
CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM (LCA)
COMPANY PERFORMANCE COMPLAINT FORM**

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|--------------------------|---------------|---|------|-------|-----|
| Company Name | | Complainant Name | | | |
| Street Address | | Street Address | | | |
| City | State | ZIP | City | State | ZIP |
| Name of Insured | | Complainant Telephone Number including area code | | | |
| Effective Date of Policy | Policy Number | POLICY TYPE: <input type="checkbox"/> CAARP <input type="checkbox"/> Low Cost | | | |
| | | Plan File Number: | | | |

The above named insurer is in violation of the Performance Standard(s) or other rules of the California Automobile Assigned Risk Plan and/or California Low Cost Automobile Insurance Program

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|--|--|
| <input type="checkbox"/> ISSUANCE OF ORIGINAL POLICY <input type="checkbox"/> Issuance within 30 calendar days <input type="checkbox"/> Other (Specify in Remarks) | <input type="checkbox"/> ISSUANCE OF ENDORSEMENT <input type="checkbox"/> Receipt within 30 calendar days <input type="checkbox"/> Other (Specify in Remarks) |
| REQUESTED SERVICE <input type="checkbox"/> Rendered within 15 calendar days of receipt <input type="checkbox"/> Receipt of request ack within 15 calendar days | <input type="checkbox"/> INSURED NOTICES <input type="checkbox"/> RETURN PREMIUM <input type="checkbox"/> COLLECTION OF PREMIUM <input type="checkbox"/> SURCHARGES |
| RENEWAL <input type="checkbox"/> Renewal not issued timely <input type="checkbox"/> Other (Specify in Remarks) | <input type="checkbox"/> CLAIM HANDLING <input type="checkbox"/> OTHER PROBLEMS (Specify in Remarks) <input type="checkbox"/> FINANCIAL RESPONSIBILITY FILINGS |
| <input type="checkbox"/> COMMISSION NOT ISSUED/NOT TIMELY | |

A producer of record may make telephone calls to the Plan office when a company has not provided the service as specified in the Plan/Program Performance Standards. All calls should be directed to the Customer Service Department at (800) 622-0954. Also, a producer may call a company for an item where performance standards have not been met.

COMPLAINANT REMARKS

COMPANY RESPONSE

- VALID INVALID (If invalid, a full explanation is required with complete documentation. Specify reason and all details below.)

PLAN DETERMINATION:

VALID INVALID DATE ENTERED: _____ SUSPENSE DATE: _____ DATE RESOLVED: _____

COMMENTS:

MAIL TO:

California Automobile Assigned Risk Plan
P.O. Box 7917
San Francisco, CA 94120-7917

Print name of person responding from Company:

Telephone Number where that person can be reached:

INSTRUCTIONS ON HOW TO USE THIS FORM - Complainant completes the form and keeps one (1) copy. Complainant mails one (1) copy to the Plan office. Two (2) copies are mailed to the Company. Company is to respond and mail their response back to the Plan office within **20 days** from the complaint date. Company keeps one (1) copy for their records.