



Finance

Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.4987
Fax: 902.424.1298
Email: fininst@gov.ns.ca

INSURANCE ENQUIRY QUESTIONNAIRE

In order to process your insurance enquiry/complaint more rapidly, please complete the following questionnaire and mail it to the address noted above.

Address letter to the attention of: Ms. Jennifer Calder
Insurance Officer

Name of Insured _____

Address of Insured _____

E-mail Address (if preferred) _____

Contact Phone Number Home _____ Work _____ Cell _____

Insurance Company _____

Type of Insurance: [] Auto [] Home [] Accident and Sickness [] Other _____ Please Specify

Policy # _____

Insurance Expiry, _____
Month Year

Name of Agency _____

Name of Agent _____

If Auto Insurance; Name(s) of Primary Drivers _____

Please describe any action/efforts made by yourself thus far to resolve your concerns

Note that this documentation will be forwarded to the appropriate parties to verify a request for assistance was made to the Office of the Superintendent of Insurance. You are permitting your information be shared with the appropriate staff members of the Superintendent's Office and other relevant parties as required.



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Please complete this page and attach a **copy** of any relative documents or pertinent correspondence you may have had with the insurance company.

NATURE of ENQUIRY / COMPLAINT and DESIRED OUTCOME