

# 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  
1970 Oakcrest Ave., Suite 102  
Roseville, MN 55113  
Phone: 612-623-1110 Fax: 612-623-1122  
Email: [aasp@aaspmn.org](mailto:aasp@aaspmn.org)