

## 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.**

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**Insured/Claimant forced to pay: \$** \_\_\_\_\_

**Date(s) event(s) occurred:** \_\_\_\_\_

### Shop Information:

Company Name: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Return completed form to:** Alliance of Automotive Service Providers of Minnesota, Inc.

1970 Oakcrest Ave., Suite 102, Roseville, MN 55113

Phone: 612-623-1110 / Fax: 612-623-1122 / Email: [aasp@aaspmn.org](mailto:aasp@aaspmn.org)