

Insurance Inquiry Questionnaire

In order to process your insurance inquiry/complaint more rapidly, please complete the following questionnaire and mail it to the following address:

Ms. Angela MacLeod, Insurance Officer
Office of the Superintendent of Insurance
P.O. Box 2271
Halifax NS B3J 3C8
macleoal@gov.ns.ca

FAX Number 424-1298

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

*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 Superintendents Office and other relevant parties as required.

