DOI FILE #:

CIVIL REMEDY NOTICE OF INSURER VIOLATION

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE

Date Submitted: ____________________ **INS. CO. FEIN #:**____________________

1. **Company:** ____________________

   Street Address: ____________________

   City/State/Zip: ____________________

   Individual(s) Involved: ____________________

   This notice is given for the purpose of perfecting the rights of the person(s) damaged to pursue civil remedies authorized by Section 624.155, Florida Statutes.

2. **Complainant:** ☐ **Insured** ☐ **Third Party** ☐ **Other**

   Insured Name: ____________________ Policy No.: ____________________

   Complainant Name: ____________________ Claim No.: ____________________

   Attorney (if any): ____________________

   Street Address: ____________________

   City/State/Zip/Cnty: ____________________

3. **TYPE OF INSURANCE:**

   ☐ Accident & Health ☐ Life & Annuity ☐ Residential Property & Casualty

   ☐ Medicare Supplement ☐ Auto ☐ Commercial Property & Casualty

   ☐ Miscellaneous ____________________

4. **REASON FOR NOTICE:**

   ☐ Cancellation/Non-renew ☐ Claim Denial ☐ Unsatisfactory Settlement Offer

   ☐ Claim Delay ☐ Unfair Trade Practice ☐ Other ____________________

5. **PURSUANT TO SECTION 624.155(2)(b)1, F.S.** please provide the statutory provision, including the specific language of the statute, which the insurer allegedly violated.

   List Statue number(s): ____________________

   Statute Language: ____________________

6. **Briefly** reference the specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the insurer has not provided a copy of the policy to the third party claimant pursuant to written request.

   ____

7. **Briefly** describe the facts and circumstances giving rise to the violation.

   ____

DI4-363
(rev. 11/99)

INSTRUCTIONS FOR COMPLETING FORM DI4-363

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE CIVIL REMEDY NOTICE OF INSURER VIOLATION FORM (DI4-363). THIS FORM SHOULD BE COMPLETED IN ITS ENTIRETY AND THE APPLICABLE ITEMS CHECKED.

RETURN **THIS FORM** TO THE FLORIDA DEPARTMENT OF INSURANCE AT THE ADDRESS PROVIDED BELOW. **YOU** MUST ALSO NOTIFY THE INSURER AS PROVIDED IN SECTION 624.155(2)(a), FLORIDA STATUTES.

IF THE REQUIRED INFORMATION IS UNKNOWN OR UNAVAILABLE SO INDICATE IN THE SPACE PROVIDED FOR THE INFORMATION. DO NOT LEAVE BLANKS.

COMPUTER GENERATED AND FAXED FORMS WILL NOT BE ACCEPTED. PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

ITEM 1 Insert the **complete and correct** name of the insurer that you feel is in violation of the statutes. **Example: ABC Indemnity Insurance Company, ABC Mutual Insurance Company, ABC Property & Casualty Insurance Company, etc. If the complete and correct insurer name is not included, the form will be returned for lack of specificity.** Refer to Section 624.03, Florida Statutes for the definition of insurer. Insert the name of the individual (insurer's representative(s)) you feel is responsible for the violation(s).

ITEM 2 Indicate whether the complainant is the insured, a third party claimant or a claimant other than the insured or third party (**check only one**). In the space provided, give the name of the complainant, the name of the insured and the policy number and/or the claim number, if known. The attorney name and complete address must be listed. If the complainant is not represented by attorney, the name and address of the person completing this form must be shown.

ITEM 3 Check the type of insurance involved. If the general type of insurance involved in the alleged violation is not listed, check "Miscellaneous".

ITEM 4 Check the reason you feel the insurer is in violation. If the reason is not listed, check other and **very briefly** specify the reason in the space provided.

ITEM 5 In the space provided, provide the statutory provision, including the specific language of the statute, which the insurer allegedly violated.

ITEM 6 In the space provided **briefly** reference the specific policy language, if any, that is relevant to the violation. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the insurer has not provided a copy of the policy to the third party claimant pursuant to written request. Please indicate if this is a third party action or if the policy language is not available.

ITEM 7 In the space provided, **briefly** describe the facts and circumstances that gave rise to the violation.

If the filing is accepted, you and the insurer, at the addresses provided on this form, will receive an acknowledgment providing the DOI file number and acceptable date.

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RETURN THIS FORM TO:

Florida Department of Insurance
Consumer Assistance/Civil Remedy Section
Larson Building, 200 E. Gaines St.
Tallahassee, FL 32399-0322