

FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS

Headquarters in Maitland, Florida

Phone: 407-830-4892

Fax: 407-539-2928

Email: administrator@fapia.net

IMPORTANT INSTRUCTIONS

Read all instructions carefully before completing the form on the back of this page. **If the form is not properly completed it may be rejected or returned for correction.** You may attach up to 25 additional sheets to supplement any section. If you have not already done so, you should contact the Florida Association of Public Insurance Adjusters (FAPIA) Consumer Assistance Program at the phone number listed above, to see if we can help resolve the matter about which you wish to complain.

Please note FAPIA cannot intervene on your behalf in a civil or criminal case, nor can we give you legal advice. We do not have jurisdiction to consider complaints against non-FAPIA public adjusters, insurance companies or insurance company adjusters. Our ethics committee considers whether a public adjuster has violated our rules of conduct and determines whether under the totality of the circumstances the public adjuster should receive some type of discipline. The level of investigation varies depending on the complexity of the allegations. If your complaint is closed, you will receive a written explanation of the reasons why. There is no right to appeal a decision not to pursue an investigation.

PART ONE - Required Information. You must give your name, address and phone number, and the name, address and phone number of the subject public adjuster. The address of the public adjuster is particularly important we do not want to confuse the public adjuster you are reporting with someone of the same or similar name. List only **one** public adjuster per form (you may copy this form if you need additional copies) and print.. You can file a complaint only against individual public adjuster, or public adjusting firm however, we can only enforce rules and regulations over public adjusters that are members of FAPIA.

PART TWO - Facts/Allegations. Describe each thing about which you are complaining. Recite all of the details, in chronological order, supplying dates where possible. Please number any additional pages you attach. If you have letters, documents or other evidence, you should attach photocopies (DO NOT SEND ORIGINAL DOCUMENTS). It is helpful if you mark any attachments as exhibits (A, B, C, etc.), and refer to them in your description of your complaint. **Please be aware that simply alleging conclusions without setting out facts that support those conclusions will result in the need for FAPIA to ask you for additional information and may delay a disposition of your complaint.**

PART THREE - Witnesses. Your inquiry/complaint will be considered even if there are no witnesses. If you have witnesses, attach an additional sheet, listing nothing but witnesses, with the name, address and telephone number for each witness. Please include a brief description of the facts about which that witness would testify. If you do not attach a list of witnesses, we will presume that you have no witnesses, other than the public adjuster and yourself.

PART FOUR - Attempted Resolution. FAPIA will attempt to resolve any disputes between FAPIA public adjusters and their clients. If you have not tried to do so, you should attempt to resolve your matter by writing to the subject public adjuster, before contacting FAPIA or filing a complaint. Even if this is unsuccessful, it is important that you do so in order to have documentation of good-faith efforts to resolve your matter. If you choose to go forward with a complaint, you should specify what resolution efforts you have made on your own behalf.

PART FIVE- Signature. You must sign the form and certify under penalty of perjury that your allegations are true. Unsworn complaints are not considered.

RETURN THE COMPLETED FORM TO FAPIA

via email: administrator@fapia.net

or fax to: 407-539-2928

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Inquiry/Complaint Form

PART ONE: (Read instructions on reverse side.)

Your Name: _____

Address: _____

Public Adjusters' Name _____

City: _____ State: _____

Company Name: _____

Phone: _____

Do not write below this line
FAPIA Complaint Reference No.

PART TWO: (See reverse, part two.) The specific thing or things I am complaining about are:

PART THREE: (See reverse, part three.) The witnesses in support of my allegations are: [see attached sheet].

PART FOUR: (See reverse, part four.) I did / did not (circle one or the other) attempt to use FAPIA to resolve this situation. To attempt to resolve this matter, I did the following:

PART FIVE (See reverse, part five.): Under penalty of perjury, I declare the foregoing facts are true, correct and complete.

Signature _____

Date: _____