

Examination Experience Complaint

Name		Email Address																					
Address		City	State ZIP Code																				
Daytime Phone Number		Alternate Phone Number																					
Examination Site		Date of Examination																					
<p>Examination Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Life Producer</td> <td><input type="checkbox"/> Life, Variable Life & Annuities Producer</td> </tr> <tr> <td><input type="checkbox"/> Life Counselor</td> <td><input type="checkbox"/> Public Adjuster</td> </tr> <tr> <td><input type="checkbox"/> Accident & Health Producer</td> <td><input type="checkbox"/> Independent Adjuster without Worker's Comp</td> </tr> <tr> <td><input type="checkbox"/> Accident & Health Counselor</td> <td><input type="checkbox"/> Independent Adjuster with Worker's Comp</td> </tr> <tr> <td><input type="checkbox"/> Property Producer/Solicitor</td> <td><input type="checkbox"/> Surplus Lines Producer</td> </tr> <tr> <td><input type="checkbox"/> Casualty Producer/Solicitor</td> <td><input type="checkbox"/> Limited Lines Property & Casualty Producer</td> </tr> <tr> <td><input type="checkbox"/> Property & Casualty Producer/Solicitor</td> <td><input type="checkbox"/> Surety & Fidelity Producer/Solicitor</td> </tr> <tr> <td><input type="checkbox"/> Property & Casualty Counselor</td> <td><input type="checkbox"/> Title Insurance Producer</td> </tr> <tr> <td><input type="checkbox"/> Personal Lines Producer</td> <td><input type="checkbox"/> Credit Insurance Producer</td> </tr> <tr> <td><input type="checkbox"/> Life, Accident & Health Producer</td> <td><input type="checkbox"/> Variable Life & Annuities Producer</td> </tr> </table>				<input type="checkbox"/> Life Producer	<input type="checkbox"/> Life, Variable Life & Annuities Producer	<input type="checkbox"/> Life Counselor	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Accident & Health Producer	<input type="checkbox"/> Independent Adjuster without Worker's Comp	<input type="checkbox"/> Accident & Health Counselor	<input type="checkbox"/> Independent Adjuster with Worker's Comp	<input type="checkbox"/> Property Producer/Solicitor	<input type="checkbox"/> Surplus Lines Producer	<input type="checkbox"/> Casualty Producer/Solicitor	<input type="checkbox"/> Limited Lines Property & Casualty Producer	<input type="checkbox"/> Property & Casualty Producer/Solicitor	<input type="checkbox"/> Surety & Fidelity Producer/Solicitor	<input type="checkbox"/> Property & Casualty Counselor	<input type="checkbox"/> Title Insurance Producer	<input type="checkbox"/> Personal Lines Producer	<input type="checkbox"/> Credit Insurance Producer	<input type="checkbox"/> Life, Accident & Health Producer	<input type="checkbox"/> Variable Life & Annuities Producer
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Please list events in the order they occurred. Briefly list all the specific items that form the basis of your complaint. If necessary, attach additional pages to clearly document the events that occurred.																							
Details of Complaint:																							
Desired Outcome:																							
Signature:		Date Signed:																					

Please submit completed form:

By mail to:
DIFS Licensing
PO Box 30220
Lansing, MI 48909-7720

Or by fax to:
(517) 284-8836

Or email to:
DIFS-Licensing@michigan.gov



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