

EAST END SUPERVISORS AND MAYORS ASSOCIATION

Complaint Form for Homeowner Insurance Cancellations

Name: _____

Address: _____

Address: _____

Phone # _____ Cell Phone # _____

Name of insurance company canceling insurance _____

Approximate years insurance with canceling company _____

Reason Cited for cancellation _____

Which insurance company has provided new insurance? _____

Old price _____ compared to new price _____

How many claims filed in past 10 years _____

Distance to and name of closest body of water _____

Have you contacted your State legislator and Senator? _____

Have you filed a complaint with the NYS Ins. Dept? _____

Comments: _____

Mail Completed Form to:

*Mr. Eric R. Dinallo, Superintendent
NYS Insurance Department
163 Mineola Boulevard
Mineola, NY 11501*

*Mr. Thomas J. Crowley, CPCU, CIC
Independent Insurance Agents & Brokers
of Suffolk County
P O Box 316
Albertson, NY 11507*