



**COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE**

B5 Tabonuco St Suite 216  
PMB 356  
Guaynabo, Puerto Rico 00968-3029

Date: \_\_\_\_\_

**INVESTIGATION REQUEST FORM**

**I. PETITIONER'S INFORMATION:**

Petitioner's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**CONTACT'S INFORMATION:**

Residential: \_\_\_\_\_

Work: \_\_\_\_\_

Mobil: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**II. TYPE OF INSURANCE:**

**(Please select one)**

- |   |  |
|---|--|
| <input type="radio"/> Life                            | <input type="radio"/> Commercial Auto    |
| <input type="radio"/> Disability                      | <input type="radio"/> Personal Auto      |
| <input type="radio"/> Health (individual)             | <input type="radio"/> liability          |
| <input type="radio"/> Health (Group)                  | <input type="radio"/> Accident           |
| <input type="radio"/> Health Plans (HMO)              | <input type="radio"/> Bond               |
| <input type="radio"/> Commercial Property             | <input type="radio"/> Services Contracts |
| <input type="radio"/> Personal property               | <input type="radio"/> Title              |
| <input type="radio"/> Medicare and Supplemental Plans |  |
| <input type="radio"/> Other (explain) _____           |  |

**III. Type of Claim:**

- |  |  |
|--|--|
| <input type="radio"/> Policy Cancellation/ No Renovation | <input type="radio"/> Dubious Sales or information |
| <input type="radio"/> Trouble with the premiums          | <input type="radio"/> Trouble with the Claim       |
| <input type="radio"/> Other (explain) _____              |  |

**IV. INSURANCE INFORMATION:**

Name of the Insured under the Policy \_\_\_\_\_

Policy Number \_\_\_\_\_



**IV. PERSON OF CONTACT, AUTHORIZED BY YOURSELF:**

I authorized \_\_\_\_\_ (relationship with you) \_\_\_\_\_  
Telephone number: \_\_\_\_\_ to received information about my Investigation  
request.

**Select the appropriate answer**

- I agreed to  not agreed to solve the controversy presented by me throughout the alternate process of mediation of conflicts according to the Rule LXXIX, of the Rules, Insurance Code of Puerto Rico.
  
- I agreed to  not agreed to declare under oath the information given by me, to present my testimony in person in from of this Office, if necessary.

Therefore, I hereby certify by my signature, that the information above disclosed is accurate to the best of my knowledge, and that the description of the controversy states my position in terms of the situation I desire to be investigated.

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**PETITIONER'S SIGNATURE**

**REMAINDER:**

As a requirement to start the investigation you presented, it is necessary you provide a copy of the followings documents, if applicable:

- The Policy or at least a copy of the Insurance Form of the said policy.
- Written communications that demonstrated you established a valid claim pertaining the situation you presented at this Office.
- Evidence of the cancellation of the policy and the corresponding return of the premiums paid.
- Any documents that helps you to demonstrate your position pertaining this matter.

In case that you do not have the said documents in your possession, you should explain why you cannot Provide the documents and describe with details the controversy and your relation with it.

NOTE: for internal use only