

COMPLAINT FORM

If you wish to file a complaint with L'Unique, please fill out this form. We will acknowledge receipt within five business days of receiving your complaint. If any additional information is required, we will contact you.

SECTION 1 - YOUR CONTACT INFORMATION

Ms. Mr. Contract No. _____

Last name _____ First name _____

Home address:

N° _____ Street _____ Apt. _____

Town/City _____ Province _____ Postal code _____

Tel. (home) _____ Tel. (work) _____

Fax _____ E-mail : _____

SECTION 2 - THE PRODUCT THAT IS SUBJECT OF THE COMPLAINT

- Auto Insurance
- Recreational Vehicle Insurance
- Home Insurance
- Commercial Insurance
- Surety Lines
- Other: _____

Your broker's name: _____

Name of the person who processed your file: _____

SECTION 3 - DESCRIPTION OF THE COMPLAINT

Please explain the nature of your complaint including any harm you believe you have suffered. Indicate, in chronological order, the facts giving rise to your complaint. Include specific dates and times, as well as the names of people you dealt with. (Use an additional sheet, if necessary).

By filling out this complaint form, what result or settlement do you hope to obtain? What is the solution you propose?

SECTION 4 - DATE OF THE COMPLAINT AND SIGNATURE

Signature : _____ Date _____

Please enclose copies of all documents that you consider important for investigating your complaint, including a copy of your contract, application and any other pertinent document with your complaint form. You should, however, keep the originals for your files.

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