

Arizona Auto Glass Association
1410 W 14th St #100
Tempe, AZ 85281



Request for Insurance Inspection complaint form

Section A: Information about your shop

Shop name: _____

Today's date: _____ Violation date: _____

Phone Number _____

Fax Number _____

Name First/Last: _____ Title: _____

Street Address _____ City _____ State _____

Zip Code _____ Email Address _____

The AAGA will contact you by email.

Section B: Information about the customer/insured

Name of Insured _____

Insured's street
address _____

City _____ State _____ Zip code _____

Section C: Information about the insurance Coverage

Name of Inspector/Insurance Company _____

Policy # _____ DOL _____

Inspector's Employer _____ Inspection Date _____

Section D: Type of Issue

Steering _____ Delay of inspection _____ claim denial _____

Disparaging remarks _____ Other _____ (Please describe)

Section E: Statement of Facts

Complete this section accompanied by copies of any pertinent documents ie: Invoice (do not submit originals of those documents) related to your complaint. Please use the back of this form if needed.

Explain what the insurance company or Inspection company did or did not do? _____

What would you like the Arizona Auto Glass Association to do to help you? _____

Section F: Certification

By my signature, I attest that the information provided on and with this form is accurate to the best of my knowledge and ability, and that I understand that the facts relating to this complaint may/will become a matter of public record pursuant to Arizona law.

Signature: _____