

Complaints Handling Process

Hancock & Associates, Inc. strives to provide a high level of service. However, the situation could occur that you are not satisfied with our service. As we would like to be informed about your dissatisfaction, there is the possibility to send us a complaint. We will handle your complaint confidentially, fairly and promptly, regardless of the subject matter, medium or the country in which the complaint has been made.

Our process is designed to:

- hear and act on your complaint or concern about Hancock and/or the quality of care you receive from our network of insurance professionals;
- provide a courteous, prompt response and guide you through our grievance process if you do not agree with our decision.

INFORMATION ON COMPLAINTS

When you are accepting a Hancock & Associates, Inc. policy we provide you details of our complaints procedures. A copy of our Complaints Handling Process is also available for you to view, print and/or [download at https://www.contingentcargo.com/resources](https://www.contingentcargo.com/resources)

Definition of a Complaint

A complaint is any written communication where there is an expression of dissatisfaction with an insurance product or service.

HOW TO MAKE A COMPLAINT

If you want to make a complaint, we would like to ask you to provide us with:

- your contact details; supporting documents.
- the specific nature of your complaint; please use the form provided.
- We aim to handle and resolve your complaint professionally and fairly within our established timeframe.

You will receive from us:	Timeframe:
A written acknowledgement	Within 2 business days from the date of receipt of your complaint
An interim response to inform you that your complaint is being reviewed (<i>if a final response has not been sent yet</i>)	Within 15 business days after the date of receipt of your complaint
A final response (<i>or a written response informing you of the reasons for the delay in our final response and an indicative timeframe or a final response</i>)	Within 30 business days after the date of receipt of your complaint

POLICYHOLDER COMPLAINT FORM

If you have a complaint about insurance at Hancock, the Complaints team maybe able to help you to resolve it.

For full details, please see www.hancockinsagency.com/complaints You can contact us for help or advice on 800-977-9885 or e-mail complaints@hancockinsagency.com

It will help us to deal with your complaint if you complete as much of this form as possible. If you do not know something, or it does not apply to you or your complaint, just leave it blank or write 'N/A' in the relevant section.

Please complete in block capitals

ABOUT YOU

Policyholder details	representative acting for you*
Mr/Mrs/Ms _____	Name _____
First Name _____	_____
Surname _____	_____
Address _____	Address _____
_____	_____
_____	_____
Postcode _____	Postcode _____
Telephone _____	Telephone _____
No _____	No _____
Email _____	Email _____

*A representative can be a professional adviser or just a friend or family member. If you employ a professional to complain on your behalf, you will have to meet their costs yourself.

If your complaint concerns your business

Name of Business _____

Group Annual Turnover US _____

ABOUT YOUR Insurance POLICY

Who did you buy your insurance from?

Name _____
Address _____
Postcode _____
Telephone No _____
Email _____

Type of insurance (e.g. Motor, Household etc.)

If Motor, please provide Registration Number

When did this insurance policy start?

Policy / Certificate Number _____

The Lloyd's syndicate which provides the insurance, if known _____

Please attach a copy of the policy certificate or schedule and any other relevant documents you may have.

ABOUT YOUR COMPLAINT

Who is your complaint against?

Does your complaint relate to a claim? YES/NO (circle as appropriate)

If YES, when did the claim occur? / /

Claim Number

The Financial Ombudsman Service

To enable us to establish how to handle your complaint please could you confirm whether you have contacted the Financial Ombudsman Service (FOS) regarding this complaint?

YES/NO (circle as appropriate)

FOS Reference

Please provide a summary of your complaint

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Please attach copies of any correspondence you have received relating to your complaint

What resolution would you like?

Data Protection

I would like the Complaints team to consider my complaint.

- I acknowledge that Complaints holds my personal data, including personal data ("Personal Data"), which I have provided.
- I consent to Complaints processing my Personal Data for the purposes of considering my complaint.
- I consent to my Personal Data being disclosed by the Complaints team to third parties for the purposes of considering my complaint.

Policyholder Signature

_____/_____/_____
Date

Representative Signature
(if applicable)

_____/_____/_____
Date

What to do next?

Please return your completed form, together with any attachments to the address below.

Hancock & Associates, Inc.
Attn: Complaints Officer
7237 Oak Ridge Hwy
Knoxville, TN 37931
Fax: 800-686-2170
Email: complaints@hancockinsagency.com (Please use the word “Complaint” in the subject line.)

INDEPENDENT PARTY REVIEW – After receiving final response from Hancock & Associates, Inc

If you are still dissatisfied after our **final** response and your policy is written through Lloyd’s of London, we may refer you to the **Lloyd’s Complaints Procedure** for a third party opinion. You can approach Lloyds within 6 months of receiving our final response.

For more information, please visit the Lloyds website: www.lloyds.com/complaints.

Complaints

Lloyd’s

Fidentia House

Walter Burke Way

Chatham Maritime

Kent

ME4 4RN

Telephone: (020) 7327 5693
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

We will contact you within 2 working days to confirm receipt and explain how we will handle your complaint.