

WIND Umpire Review Board Complaint Form

Submit this form via fax to WIND at 850.473.0603 or mail to
WIND, 2929 Langley Avenue, Ste. 203, Pensacola, FL 32504

Complaint Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

E-mail Address: _____

Matter

Insurer: _____

Insured: _____

Claim Number: _____ Policy No.: _____

Date of Loss: _____

Umpire's Name: _____

Umpire's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

Insured's Appraiser: _____

Insured's Appraiser's address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

Insurer's Appraiser: _____

Insurer's Appraiser: _____

Insurer's Appraiser's address: _____

City: _____ State: _____ Zip Code: _____

Please state specifics of all ethical rules allegedly violated: _____

Please state specific facts and circumstances giving rise to the complaint against the Umpire: _____

