Have a concern?

Before you can access the Service Review Panel, you must complete each of the following steps. The staff at each level of this process has full authority to address your concern.

1. Let us know
For prompt and effective resolution of your concern, contact your insurance representative or claims adjuster.

2. Escalate your concern
If you are not satisfied with the outcome of step one, ask to whom you can escalate your concern. Depending on the nature of your concern, you may be referred to a manager.

3. Contact the Ombuds Office
If you are not satisfied with the outcomes of the previous steps, you may request additional consideration of your concern in writing to the Ombuds Office:

Ombuds Office
The Co-operators
130 Macdonell St.
Guelph, ON N1H 6P8
ombuds@cooperators.ca
1-877-720-6733

The Ombuds Office will only review concerns that have gone through these steps, so you will need to indicate who you have already spoken with. Depending on your situation, you may then be referred to the Service Review Panel.

For more information on the Service Review Panel, visit the Client Care section on our website at www.cooperators.ca/SRP.
How clients like you help us improve service.

As part of a co-operative, we’re closely connected to our clients and focused on serving you better. So, back in 1990 we launched the very first Service Review Panel to help resolve concerns. To date, we are still the only insurance company in Canada who offers this service.

A panel of client volunteers
The Service Review Panels are made up of volunteer clients: people just like you. They aren’t insurance experts and they don’t work in the industry, so they bring fresh eyes and open minds to work towards fair solutions.

Because the issues that get to this stage are rare, the panels meet every two or three months in three regions across the country. They talk about client issues once they’ve been through our resolution process, offer insights and advice about our clients’ concerns and suggest changes to how we deal with similar cases in the future.

We’re bound by the panel’s decision
Each panel looks at the facts of the cases from both the client and the company, including things like police reports and general observations. If they decide that the outcome needs to change, we follow their decision. Any recommendation they make affects only us; for the client, the results will either stay the same or change for the better.

The panel handles settlements of up to $30,000 and their decisions are binding to us, but not the client.
You don’t give up any rights when you submit your appeal to the panel and you can still access other ways to appeal.

Beyond the panel’s scope
The Service Review Panel does not have the authority to deal with:
> personal injury
> the issuance, non-renewal or cancellation of an insurance policy
> coverage claims prescribed by law
> insurance premium amounts
> rating policy
> matters relating to Facility Association or Echelon insurance policies
> issues that are before the courts

When to expect an answer
After completing the application, return it to the address indicated along with documentation supporting your appeal. The panel chairperson will advise you of its decision within two to three weeks following the meeting.

Your rights and responsibilities
You have the right to be dealt with in an honest, fair and respectful manner. Your concern will be reviewed confidentially in a timely manner and, if necessary, we’ll provide a written explanation of our position. It’s important to enter into discussions in good faith, provide required information in a timely manner and be open to reasonable solutions to the issue at hand.