

# American Arbitration Association Mediation Request Form

<b>1. Name of Homeowner (Please Print):</b>	
<b>2. Address and County of the damaged property/claim:</b>	
Street	
City	State                      Zip                      County
<b>Current Address:</b>	
Street	
City	State                      Zip
<b>Your Phone Number (with Area Code):</b>	<b>Your Email Address:</b>
<b>3. Full Name of Insurance Company (as it appears on policy):</b>	
<b>Address of Insurance Company:</b>	
Street	
City	State                      Zip
<b>Insurance Co. Phone (with Area Code):</b>	<b>Insurance Co. Email:</b>
<b>Insurance Co. Fax (with Area Code):</b>	<b>Insurance Co. Contact Person:</b>
<b>4. Your Claim Number:</b>	<b>Your Policy Number:</b>
<b>5. Date on which You Received Denial Notice:</b>	
<b>6. BRIEF DESCRIPTION OF THE DISPUTE, including amount(s) disputed (Attach additional sheet if necessary):</b>	
Please Note: To speed up the process, please complete and return this form ONLY. Please bring any additional paperwork to the mediation conference.	
<ul style="list-style-type: none"> <li>• Have you commenced the appeals/appraisal process under your policy?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• If yes, have you completed the appeals/appraisal process?                      <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Have you filed any legal action with regard to this claim?                      <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul>	
<b>YOUR SIGNATURE:</b>	<b>DATE:</b>
<ul style="list-style-type: none"> <li>• <b>IMPORTANT NOTICE:</b> Your claim might be eligible for mediation pursuant to North Carolina General Statute 58-44-70 (Senate Bill 277, Session Law 2006-145), which established a Mediation Program to facilitate the effective, fair, and timely handling of disputed residential property damage claims arising out of declared disasters. To be eligible for the Program, the amount of the dispute (the difference between the parties) must be at least \$1,500, unless both parties agree to mediate a smaller claim.</li> </ul> <p>The program does not apply to claims denied due to policy exclusions, policy terms/provisions, or policy not being in effect on the date of loss. Also, the program does not apply to commercial insurance, private passenger motor vehicle insurance or National Flood Insurance Program flood policies. All program costs are paid by the insurer.</p> <p style="text-align: center;"><b>Complete this form and return it to:</b>          American Arbitration Association          Center for Mediation          ATTN: NC Insurance Mediation          13455 Noel Road, Suite 1750          Dallas, TX 75240          Or          Fax to: 972-702.0173</p> <p><b>Resources:</b> Your insurance company adjustor or customer service department.          Your insurance agent.          The consumer information page on the NC Department of Insurance website: <a href="http://www.ncdoi.com">www.ncdoi.com</a>          The general information on mediation page on the American Arbitration Association's website: <a href="http://www.adr.org">www.adr.org</a>.</p>	

