

Arbitration Case Number _____

PETITIONER

Complete all sections of this form (petitioner, respondent, accident information, exhibits and contentions); attach your contentions or use reverse side to state facts and legal premises upon which filing is based. Be sure to sign your form. Enclose \$120 filing fee if your company has not arranged for centralized billing. **Send to: NAMIC Arbitration, P.O. Box 68700, Indianapolis, IN 46268**

Check here if you are the initial petitioner.
(Include \$120 filing fee.)

Check here if the petitioner is requesting a deferment.

Petitioning Company _____

Petitioning Company Representative _____

Complete Mailing Address _____

Phone Number _____ Email Address _____

Policyholder's Name _____ Claim Number _____

CLAIM TYPE (If Filing Counter)		Net Amount Paid \$	Deductible \$
Collision		_____	_____
Medical Payments		_____	_____
Other (Specify)		_____	_____

RESPONDENT

Complete all sections of this form (petitioner, respondent, accident information, exhibits and contentions). Attach your contentions or use the reverse to state facts and legal premises upon which claim is denied. Be sure to sign your form. If you have a counterclaim, indicate the correct amount in the appropriate box or counterclaim will be waived. A \$120 fee is required when filing a counterclaim. Enclose your \$120 fee when submitting your counterclaim, unless your company has arranged for centralized billing. Return your answer form and contentions with one set of file materials on or before the deadline. **If you are respondent and have a counterclaim, complete this form listing your company as Respondent (not as petitioner).** **Send to: NAMIC Arbitration, P.O. Box 68700, Indianapolis, IN 46268**

Check here if you are a respondent.

Check here if you are also a counter-petitioner.
(Include \$120 filing fee.)

Check here if respondent is requesting a deferment.

Respondent Company _____

Respondent Company Representative _____

Complete Mailing Address _____

Phone Number _____ Email Address _____

Policyholder's Name _____ Claim Number _____

CLAIM TYPE (If Filing Counter)		Net Amount Paid \$	Deductible \$
Collision		_____	_____
Medical Payments		_____	_____
Other (Specify)		_____	_____

ACCIDENT INFORMATION

Date _____ Time _____

Street or Highway _____ State _____

City _____ County _____

Weather _____
(Clear, Snowing, Raining, etc.)

Road _____
(Gravel, Cement, etc.)

Condition _____
(Wet, Dry, Icy, etc.)

EXHIBITS

Petitioner or Respondent must check those included in file.

Denial (required with collision filings)

Evidence of Payment (required with petition or counter)

Photos of Scene

Photos of Damage

Police Report

Diagram

Petitioner's Statement

Respondent's Statement

Legal Items – All pertinent statutes and case law cited (required with petition or response)*

Demand Letter or Notice of Arbitration (required for MP / PIP)

Witness Statement(s) _____

Other _____

CONTENTIONS

Petitioner or Respondent Statement of facts and legal premises upon which recovery is predicated or claim is denied.

***If you are quoting from a statute or case law citation, you must include a copy of same.**

**CONTENTIONS
(CONTINUED)**

**HOLD
HARMLESS**

Petitioner stands ready to refund all or part of an arbitration award in the matter which represents a double payment by respondent as a result of a judgement entered in litigation instigated after arbitration was completed.

Petitioner/Counter-Petitioner, by signing and submitting this form agrees that NAMIC, their agents and employees shall not be liable to any person(s) claiming to have a claim against any award made in favor of the petitioner/counter-petitioner. Petitioner/Counter-Petitioner further agrees to hold harmless and indemnify NAMIC from and against any and all claims and expenses, including attorney fees arising out of NAMIC's performance under the inter-company agreement executed by petitioner/counter-petitioner.

Submitted By _____
(Signature Required)

Company _____

Date _____