

**NOTE: Remember to attach all relevant documents when submitting this form**

### Insurer Details

Date of Remittance

Reporting Insurance Company

Name of Authorized Insurer Representative

Telephone Number

Email Address

### Decision Details

Date of Decision

Arbitrator

Names of Insurers in Dispute (Company Name vs Company Name)

### Disputed Issue/Nature of Dispute (Please Check all that Apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> First Insurer/Nexus      | <input type="checkbox"/> Arbitration (Practice, Interest and Special Awards, Costs)                 | <input type="checkbox"/> Coverage Issues: Cancellation                                 |
| <input type="checkbox"/> Completed Application    | <input type="checkbox"/> Priority Rules: Insured Person (Named/Listed/Spouse/Dependent/Regular Use) | <input type="checkbox"/> Coverage Issues: Leased Vehicle                               |
| <input type="checkbox"/> 90 Day Notice            | <input type="checkbox"/> Priority Rules: Occupant   | <input type="checkbox"/> Coverage Issues: Other Automobiles                            |
| <input type="checkbox"/> One Year/Commencement    | <input type="checkbox"/> Priority Rules: Non – Occupant Struck By Vehicle                           | <input type="checkbox"/> Appeal Pending (Forward appeal decision once it is received.) |
| <input type="checkbox"/> Reasonable Investigation |   | <input type="checkbox"/> Priority Rules: Involved Vehicle                              |
| <input type="checkbox"/> Restitution              |   |  |