



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