American Arbitration Association

Mediation Request Form			
1.Name of Homeowner (Please Print):			
2. Address and County of the damaged property/claim:			
Street			
,	ate	Zip	County
Current Address:			
Street			
City	ate	Zip	
Your Phone Number (with Area Code):	Your Email A	ddress:	
3. Full Name of Insurance Company (as it appears on policy):			
Address of Insurance Company:			
Street			
City	ate	Zip	
Insurance Co. Phone (with Area Code):		Insurance Co. E	Email:
Insurance Co. Fax (with Area Code):		Insurance Co. C	
4. Your Claim Number:		Your Policy Nu	
5. Date on which You Received Denial Notice:			
6. BRIEF DESCRIPTION OF THE DISPUTE, including amount(s) disputed (Attach additional sheet if necessary):			
Please Note: To speed up the process, please complete and return this form ONLY. Please bring any additional paperwork to			
the mediation conference.			
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 Have you commenced the appeals/appraisal process under your policy? Yes No If yes, have you completed the appeals/appraisal process? Yes No 			
 Have you filed any legal action with regard to this claim? Yes No 			
Thave you med any legal detion with regard to this elam.			
YOUR SIGNATURE:			DATE:
IMPORTANT NOTICE: 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. The program does not apply to claims depied due to policy evaluations, policy terms (provisions, or policy not being in effect.)			
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			
on the date of 1055. Also, the program does not apply to commercial insurance, private passenger motor venicle insurance of			

National Flood Insurance Program flood policies. All program costs are paid by the insurer.

Complete this form and return it to:

American Arbitration Association Center for Mediation ATTN: NC Disaster Mediation 13727 Noel Road, Suite 700 Dallas, TX 75240

Or

Fax to: 855-267.4082 Or Email to NCDisasterMediation@adr.org

Resources: Your insurance company adjustor or customer service department.

Your insurance agent.

The consumer information page on the NC Department of Insurance website: www.ncdoi.com

The general information on mediation page on the American Arbitration Association's website: www.adr.org.