

NAM (National Arbitration and Mediation)

990 Stewart Avenue, First Floor
Garden City, NY 11530
Telephone: 800-358-2550
Fax: 516-794-8518
www.namadr.com

NAM No-Fault Arbitration Program

No-Fault Automobile Arbitration Request and Response Form

Directions to Applicant: If you wish to arbitrate your claim with NAM, please complete all applicable sections of this form that appear on Pages 1-3. Please include a statement of facts, a statement of each claim being asserted and a statement of the evidence to be presented, including live witness testimony. The Applicant must also simultaneously submit all documents to the Respondent.

Directions to Respondent: Please complete page 4 of this form. Also, please attach and include your response to the Applicant's statement of facts and a statement of the evidence to be presented, including live witness testimony. The Respondent must also simultaneously submit all documents to the Applicant.

APPLICANT (PLAINTIFF) INFORMATION

Name(s):

Contact Person or Counsel (if applicable):

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email Address:

File / Claim #:

RESPONDENT (DEFENDANT) INFORMATION

Name(s):

Contact Person or Counsel (if applicable):

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email Address:

File / Claim #:

As of 10/8/13, the administrative fee of the Applicant is \$25 and the administrative fee of the Respondent is \$350. Such fees include the Arbitrator Time. Either party may contact the NAM Administrator of the NAM No-Fault Automobile Arbitration Program (see below) in writing at NAM, 990 Stewart Avenue, First Floor, Garden City, New York 11530 or by telephone with questions regarding the Arbitration process, NAM's No-Fault Automobile Arbitration Rules and Procedures and Fee Schedule or to request copies thereof.

If you have any questions about NAM' No-Fault Program, please contact the NAM No-Fault Administrator at 1-800-358- 2550 or via email to nofault@namadr.com.

PART 1: PARTIES IN DISPUTE

Name of Applicant / Plaintiff for Benefits:					
Address:					
City:	State:	ZIP Code:			
Were benefits assigned to Provider:					
Name of Injured Person:					
Address:					
City:	State:	ZIP Code:			
Date of Accident:					
Name of Policyholder:					
Address:					
City:	State:	ZIP Code:			
Policy Number:					
Insurer or Self-Insurer:					
Claim Office Address:					
City:	State:	ZIP Code:			
Insurer's Representative:			Phone:		
Insurer's Claim / File #:					
	Yes		No		
Did the accident occur in New York State?	X				
If no, is the injured person or a member of their household a New York State Automobile Policy Holder?					
	Driver	Passenger	Pedestrian	Bicyclist	Other
The injured party name above was the:					
If Other, please explain:					
When was the Insurer last contacted:					
Name and Title of person contacted:					
	Yes		No		
Are you interested in having this case decided by the Arbitrator entirely on the written submissions of both parties, without an in-person hearing?					
Are you interested in having a telephone hearing of this case, instead of an in-person hearing?					

PART 3: RESPONDENT'S / DEFENDANT'S RESPONSE

Please provide your response and position on the disputed matter submitted by the Applicant.

In your reply, please include your response to the Applicant's statement of facts and a statement of the evidence to be presented, including live witness testimony. Please submit all supporting documentation with your response. Include a table of contents and exhibits. The Respondent must also simultaneously submit all documents to the Applicant.