



The named Claimant(s), pursuant to M.S.A. 65B.525, hereby tender(s) the following dispute arising out of a no-fault insurance policy for resolution under the Minnesota No-Fault Rules of Procedure administered by the American Arbitration Association® (AAA®).

Claimant Information		
Name(s) of Claimant(s):		Minor: Yes No
Address:		
City:	State:	Zip Code:
Phone Number(s):	Email:	
Claim and Hearing Information		
Insurance Company:		Claim #:
Address:		Policy #:
City:		Policyholder:
State:	Zip Code:	Phone:
Claims Representative or Attorney:		Accident Date:
*Total Amount Claimed:		
Requested hearing format (choose only one*): Teleconference Videoconference Documents Only In Person *Please note that if you select more than one format, we will defer to teleconference.		
Requested hearing location:		
Representative Information		
If an attorney or other named individual will be representing you, please complete the below section:		
Representative:		Firm (if applicable):
Address:		
City:	State:	Zip Code:
Email:	Phone:	Fax:



I affirm that I have provided a copy of this petition and my supporting documents to the insurance company at the following address:

Mailing Address:

or

Email Address:

I affirm that the information contained herein is true to the best of my knowledge.

Signature: (Must be signed by Claimant or Representative of Claimant): Date:

Filing Instructions

In order to begin processing a no-fault arbitration case, the American Arbitration Association (AAA) requires the following be filed with the AAA, pursuant to Minnesota No-Fault Arbitration Rules 5(c) and 5(e):

- 1. Filing Fee:** A \$50.00 filing fee payment made payable to American Arbitration Association.
- 2. Petition:** A completed Petition for No-Fault Arbitration, signed by the claiming party or representative.
- 3. Denial/Discontinuation Letter:** A letter from the insurance company verifying that benefits have been denied or discontinued. If a denial letter has not been provided, the filing party may submit proof that bills have been submitted to the insurance company and remain unpaid after 30 days.
- 4. Itemization of Claim:** An itemization detailing what you are claiming for arbitration. The itemization, depending on the nature of your claim, should include the name(s) of medical providers, the name(s) of employer(s), date(s) of service or loss and the amount(s) claimed for each.
- 5. Supporting Documents:** Documentation supporting your claim. e.g. billing summaries, wage stubs, market value comparisons, etc.

To file online, visit www.adr.org/Support and click **Sign in to Access & Manage a Case**. To file by mail, send submissions to American Arbitration Association, 2355 Highway 36 West, Suite 400, Roseville, MN 55113. For questions contact us at 612-332-6545.