



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 Procedures 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:		
If the person filing this petition is different than the claimant named above, please complete the below information:			
Name:		Address:	
City:	State:	Zip Code:	
Claim Information			
Insurance Company:		Claim #:	
Address:		Policy #:	
City:	State:	Zip Code:	Policyholder:
Claims Representative:		Phone:	
*Total Amount Claimed:		Accident Date:	
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 the information contained herein is true to the best of my knowledge.			
Signature (Must be signed by Claimant or Representative of Claimant):		Date:	

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 \$40.00 filing fee payment made payable to American Arbitration Association.

Your filing should include one copy of the below documents:

- 2. **Petition:** A Completed Petition for No-Fault Arbitration, signed by the claiming party or representative.
- 3. **Denial/Discontinuation Letter:** 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 the 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.

File through mail: American Arbitration Association, 100 S. Fifth Street, Suite 1900, Minneapolis, MN 55402 or online by visiting www.adr.org/Support and clicking **Sign in to Access & Manage a Case**. For questions contact us at 612-332-6545.