



1. Name of Claimant: (Please Print)		
2. <u>Address</u> of the place of loss:		
Street:		
City:	State:	Zip Code:
<u>Mailing</u> Address of Claimant (if different from above):		
Street:		
City:	State:	Zip Code:
Your Phone Number (with Area Code):		
Your Email Address:		
Best method and time to reach you:		
3. Full Name of Insurance Company (as it appears on policy):		
Address of Insurance Company:		
Street:		
City:	State:	Zip Code:
Please provide the following information about your insurance company, if known:		
Insurance Co. Phone (with Area Code):	Insurance Co. Email:	
Insurance Co. Fax:	Insurance Co. Contact Person	
4. Your Claim Number:	Your Policy Number:	
5. Date insurance claim submitted:		
6. Date on which you Received Denial Notice or Insurer Settlement Offer (if applicable):		
Amount of Settlement Offer from your Insurance Company (if applicable):		
Amount of your claim:		
If no denial or settlement offer received, date you submitted proof of loss and other required documentation:		
Have you filed a complaint with the Department of Financial Services? Yes No		
Both you and your insurance company must agree in writing prior to the mediation that statements made during the mediation are confidential and will not be admitted into evidence in any civil litigation concerning the claim, except with respect to any proceeding or investigation of insurance fraud. Please check this box to acknowledge that you have read, understand, and accept this requirement and sign below.		
Signature (may be signed by a representative):	Date:	



Name of Claimant:

Your Policy Number:

7. Brief description of reason for mediation, including any amount(s) disputed. (Please provide a brief summary below and attach an additional sheet if necessary.):

If filing by mail, please do not send original documents as they will not be returned. You have the option to present any additional paperwork at the mediation conference when a videoconference mediation session is scheduled.

Check all that apply:

- non-commercial property – real
- non-commercial property – personal
- commercial property – personal
- commercial property – real
- Business interruption
- Other (please describe)

Has your claim been submitted to an appraisal process? Yes No
(Note: A visit from an adjuster is not the same as an appraisal, which is a formal process.)

Have you filed any legal action with regard to this claim? Yes No

Important Notice: Your claim may be eligible for mediation pursuant to New York State Department of Financial Services Seventeenth Amendment to Insurance Regulation 64 (11 NYCRR 216), which established a mediation program to facilitate the handling of disputed claims for loss of or damage to real property or personal property, or other liabilities for loss of, damage to, or injury to persons or property when the claimant is an individual or small business owner, as defined in the regulation. In addition, to be eligible for the mediation program, the loss or damage must have resulted from riot or civil commotion occurring within the State of New York, and the claimant’s claim must have been filed on or after May 30, 2020. In general, program costs are paid by the insurer.

To Request Mediation please visit:

www.adr.org
American Arbitration Association
Civil Commotion Mediation claims

Email: AAACivComNY@adr.org
Fax to: (646) 845-1958