



Minnesota No-Fault Arbitrator Application Submission Instructions

Step 1: Complete the application electronically, by editing the fields marked in blue.

Step 2: Once completed, save the application to your computer.

Please note that you may save and re-open the document at any time.

Step 3: When ready to submit, please attach the electronic copy of the application to an email, as well as all other required documents as noted in the application, and submit to Krista Peach, Assistant Vice President, at PeachK@adr.org.

Step 4: Once your application has been reviewed and approved for submission to the Minnesota Supreme Court No-Fault Standing Committee, you will receive a confirmation email advising of such and when the application will be considered by the Committee.

If there are any deficiencies with your submission, you will be advised of such.

Please note: Applications must be approved by the No-Fault Standing Committee. The Committee reviews these applications on a quarterly basis. Following a decision by the Committee, the AAA will notify the applicant within 2 weeks of the decision.

If your application is approved, the AAA will also provide training information, as required under Rule 10(a)(3).

Submission Checklist

You must submit all of the following items:

Signed Application

One Letter of Reference

Completed W-9 Form



Electronic completion of this form (to save information typed on the form) requires Adobe Acrobat Reader 7 or above. To download a free copy of the most current version of Acrobat Reader, please visit Adobe's web site at www.adobe.com.

Instructions:

Information provided on this form will be used to create your Minnesota No-Fault Profile and Resume – this is information that will be provided to parties during the arbitrator selection process so please complete the sections to appropriately reflect your expertise.

With that in mind, complete all applicable sections of this form carefully and thoroughly (please do not type in ALL CAPS).

Required fields are noted (*)

Please email a copy of your completed form in its original format – no scanned copies please to Krista Peach at PeachK@adr.org. Electronic submission will expedite the preparation of your AAA Profile and Resume. It is not necessary to provide AAA with a hardcopy of your completed form.

After downloading the form, to save the entered data, please use "Save As" to save the document to your desktop or local folder to create the document that can be transmitted by email to the AAA.

Please use your professional address. This address will be included in your resume.

General Profile form with fields for Name, Address, Company, City, State, Zip Code, Phone, Mobile, Fax No., Email, and Date of Birth.

Employer Identification Number (EIN) or Social Security Number (SSN)*

Enter your payment details on the attached IRS Form W-9. Your name and/or your company name listed above must match the information on the W-9. For individuals, this is your social security number (SSN) and for other entities, it is your employer identification number (EIN). Payment for arbitrator/mediator compensation will be issued and reported to the IRS in accordance with the taxpayer name, address and SSN/EIN provided.

Work History* form with instructions and a table for recording employment details for multiple employers.



Name of Employer:	Name of Employer:
Title(s):	Title(s):
Dates of employment (MM/YY):	Dates of employment (MM/YY):
From: To:	From: To:

Professional License(s)

List information pertaining to your **active** admission to the **Minnesota State Bar**. Also include other states where you are admitted to practice (**active licenses only**).

*Attorney Registration #:	State: Minnesota	*Date (YYYY):
Attorney Registration #:	State:	Date (YYYY):
Attorney Registration #:	State:	Date (YYYY):
Attorney Registration #:	State:	Date (YYYY):

Professional Associations

Please list **current** memberships only and any offices held (e.g. Chair, Past President, etc.).

Do not abbreviate the name of the organization.

Organization:	Organization:
Section(s):	Section(s):
Committee(s):	Committee(s):
Office(s) Held:	Office(s) Held:
Organization:	Organization:
Section(s):	Section(s):
Committee(s):	Committee(s):
Office(s) Held:	Office(s) Held:

Education*

List the law school and college/university from which an undergraduate degree was obtained.

*Law School/Location:	Year of Graduation:
School/Location:	Year of Graduation:
Degree: BA BS Honors/Other Degree(s):	



Professional Background and Experience

Please include detailed information about your no-fault experience and/or academic work – **this will appear verbatim in the Experience section of your AAA resume.** (Section is limited to 3900 characters, including spaces and paragraph breaks)

Please write this without using your name or pronouns such as "he" or "she".

Alternative Dispute Resolution Experience*

Please include detailed information about your experience with arbitration of no-fault claims. **This will appear verbatim in the Alternative Dispute Resolution Experience section of your AAA resume.** (Section is limited to 3900 characters, including spaces and paragraph breaks.)

Please write this section without using your name or pronouns such as "he" or "she".

Alternative Dispute Resolution Training

Please list the ADR training you have completed in the last five (5) years, including the sponsoring organization, name of the program and date (year). **This will appear verbatim in the Alternative Dispute Resolution Training section of your AAA resume.**



Demographics

Completion of this section is optional. The use of this information is restricted to select AAA staff and is being requested to enhance the AAA's continuing efforts to reflect diversity within its panels, activities, educational seminars, publications and committees. It will not be provided to any external individual or organization except in summary form.

Gender: Male Female

Ethnicity:

Asian/Asian American/Pacific Islander Latino/Hispanic African American/Black Native American/Native Alaskan White/Caucasian Multi-Racial Other

Attorney References*

Please provide three (3) attorney references with experience in the no-fault area. These references should include at least one plaintiff and one defense attorney. You must also attach a letter of recommendation from one of your references.

Table with 3 columns and 8 rows for attorney references (Name, Company, Title, Address, City, State, Zip Code, Phone).

Law or ADR Practice* (Please select either Law Practice or ADR Practice.)

Law Practice

Pursuant to Rule 10(a) of the Minnesota Rules of No-Fault Arbitration Procedure, if you have an active practice where you represent clients, at least 1/4, based on a five year average, of your practice must include auto insurance claims.

What percentage of your law practice is in auto insurance claims? %

Please indicate the percentage (%) of your auto insurance claims practice devoted to the following:

Representing Plaintiffs: Representing Defendants: Representing insurance companies' subrogation interests:

What does the remainder of your practice include:

ADR Practice

Pursuant to Rule 10(a) of the Minnesota Rules of No-Fault Arbitrator Procedure, if you are not actively representing clients, but maintain an ADR practice, at least 1/4, based on a five year average, of your practice must be in motor vehicle claims or no-fault matters.

What percentage of your ADR practice is in motor vehicle claims or no-fault matters? %

What does the remainder of your ADR practice include?



Statement of Responsibilities and Understanding*

Have you ever been the subject of disciplinary action by a professional organization, convicted of a crime, or had any of your Awards vacated as a result of your failure to disclose any interest or relationship likely to affect impartiality or which might create an appearance of partiality or bias? Please explain. Also, please attach and explain any and all orders from any jurisdictions pertaining to disciplinary action against you. Failure to provide will result in denial of your application.

Yes No

If yes, please explain:

I hereby confirm the following:

- 1. I understand that I am applying to be on the approved list of arbitrators for no-fault arbitration under the program conducted by the Minnesota Supreme Court's Standing Committee on No-Fault Arbitration administered by the American Arbitration Association (AAA).
2. To the best of my knowledge and belief the information herein and any attachments hereto, is true and accurate. If there is any change in the information provided, I agree to promptly notify the AAA. The AAA may seek to verify the accuracy of the information provided by me and it is hereby authorized to do so prior to my acceptance and during any subsequent review of my status on the AAA Minnesota No-Fault Panel. I understand that material inaccuracies in this information may result in my immediate removal from the Panel.
3. I agree to serve in accordance with all applicable AAA established procedures, Minnesota Rules of No-Fault Arbitration Procedure, and the Standards of Conduct for Minnesota No-Fault Arbitrators, in effect now and as they may be amended.
4. To remain a member in good standing on the AAA Minnesota No-Fault Panel, I understand that I must adhere to any applicable policies, guidelines or standards established for continuing membership on the AAA Minnesota No-Fault Panel.
5. I understand that neither acceptance to the Panel, nor appointment to cases shall make me an employee, agent or independent contractor of the AAA.
6. I recognize that neither my willingness to serve as an arbitrator, nor acceptance on the AAA Minnesota No-Fault Panel obligates AAA to propose me for appointment as an arbitrator in any case, nor will I be under any obligation to accept appointments.
7. I understand that although AAA may serve in its administrative capacity to collect and disburse payments for compensation that may become due to me for services as an arbitrator in an AAA case, such compensation is the sole obligation of the parties to the dispute, and AAA has no liability to me for payment of fees.

*I have reviewed all of the provisions in the Statement of Responsibilities and Understanding and understand and agree to abide by these provisions.

*Signature: /s/

*Date:

(Please provide your signature by typing your name in the space above.)



Hearing Preferences

Hearing Location

Please specify where you would like to hold your hearings. *You may only select one option:*

Your office Other:

Hearing Materials

By what method would you prefer parties submit hearing materials. *You may only select one option:*

Email U.S. Mail Fax Brought to Hearing Upload to AAA WebFile® No Preference/Any of the Above

Hearing Format

By what format are you willing to conduct hearings:

In-person Teleconference Videoconference Documents only

Traveling Arbitrator

A Traveling Arbitrator is an arbitrator who volunteers to serve on cases in areas outside of where the arbitrator may live or work. There is no additional compensation beyond Rule 40. If you are interested in serving as a Traveling Arbitrator, please specify in which counties you are willing to serve.

Qualifications

Pursuant to Rule 10 of the Minnesota No-Fault Arbitration Rules, below are the requirements for qualification as an arbitrator:

- Must be a licensed attorney with at least five (5) years practice in Minnesota, or a retired attorney or judge in good standing.
- At least one-quarter, based on a five year average, of practice must involve auto insurance claims or, for an attorney not actively representing clients, at least one-quarter, based on a five year average, of ADR practice must involve motor vehicle claims or no-fault matters.

Requirements upon Approval to Panel:

- Must complete a "New Arbitrator" training program facilitated by the No-Fault Standing Committee and AAA prior to appointment to the Panel. The AAA will notify you of upcoming trainings after approval to the Panel.
- Must complete at least three (3) CLE hours on no-fault issues within your attorney reporting period.
- Recertify each year and confirm at the time of recertification that you continue to meet the requirements under Rule 10.

By my electronic signature below, I hereby certify the following:

I am an attorney licensed to practice law in the State of Minnesota and in good standing.

At least one-quarter, based on a five year average, of my practice involves auto insurance claims, or at least one-quarter, based on a five year average, of my ADR practice involves motor vehicle claims or no-fault matters.

I must complete an arbitration training program approved by the No-Fault Standing Committee prior to appointment to the Panel.

***Signature: /s/**

***Date:**

(Please provide your signature by typing your name in the space above.)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.