



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:	

The following must be included: Non-refundable \$40.00 filing fee (check made payable to the American Arbitration Association).

Send to: American Arbitration Association
700 U.S. Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402