

ARBITRATION PLACEMENT FORM

(Company name)

E-SPEED Y N VENDOR:

DATE OF LOSS:

DATE REFERRED:

DATE STATUTE EXPIRES:

INSURED:

CLAIM NUMBER:

CLIENT CODE:

CLAIM REP:

ARBITRATION FORUM:

LIABILITY POLICY LIMITS:

IS DAMAGE DISPUTED: Y N

 PAID VEHICLE (AFTER DED)

 PAID RENTAL

 PAID OTHER

COMPANY CLAIM AMOUNT:

INSURED'S DEDUCTIBLE INTEREST:

TOTAL CLAIM AMOUNT*:

*Amount to list on arbitration form (Not E-speed)

TOTAL PAID TO DATE:

BALANCE DUE:**

**Amount contingency will be based on

RESPONDENT COMPANY INFORMATION

COMPANY NAME

ADDRESS:

CLAIM REP:

CLAIM NUMBER:

INSURED:

COMMENTS: _____

NOTICE: PRIVATE AND CONFIDENTIAL

IN ORDER TO ASSIST YOU IN EVALUATING AND PROCESSING THE SUBROGATION CLAIM WE ARE ASSERTING, WE MAY PROVIDE NON-PUBLIC PERSONAL INFORMATION ABOUT OUR CUSTOMER. WE ARE SHARING THIS INFORMATION TO EFFECT, ADMINISTER OR ENFORCE A TRANSACTION AUTHORIZED BY THE CONSUMER. HOWEVER YOU ARE NEITHER AUTHORIZED NOR PERMITTED TO USE, DISCLOSE OR SHARE THE CUSTOMER INFORMATION WE PROVIDE FOR ANY PURPOSE OTHER THAN TO EVALUATE AND PROCESS THE SUBROGATION CLAIM.