

**KENTUCKY INSURANCE ARBITRATION ASSOCIATION**  
**10605 SHELBYVILLE ROAD SUITE 100**  
**LOUISVILLE, KENTUCKY 40223**  
**502-327-0372**

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KIAA Use Only: Docket #:	Date Received:
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**Applicant**

Please note: Complete left side. Send three copies of application and contentions and one copy of documentation to KIAA. Send one copy of application, contentions and documentation to Respondent. (Filing fee: \$25 or \$100 if a Panel of Three is requested)

**Respondent**

Please note: Complete right side. Send one copy of application, contentions and documentation to KIAA. Send one copy of application, contentions and documentation direct to Applicant.

	<b>Reparation Obligor</b>	
	<b>NAIC Number</b>	
	<b>Representative</b>	
	<b>Address City, State, ZIP</b>	
	<b>Telephone Number</b>	
	<b>Insured</b>	
	<b>File or Claim Number</b>	

**Place of Accident:** \_\_\_\_\_ **Date of Accident:** \_\_\_\_\_

**APPLICANT’S ALLEGATIONS:**

**Is this a Counterclaim? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_  
*(If this is a counterclaim the original must be identified)*

**Damages Claimed by Reparation Obligor:**  
 \_\_\_\_\_  
*(Do not deduct inter-company setoff. Award cannot exceed amount claimed on application.)*  
**Explain:** \_\_\_\_\_

**Has settlement been attempted at least 60 days prior to this application?** \_\_\_\_\_

**Are you aware of pending claims or suits arising out of the same accident?** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**Do you request deferment in accordance with Arbitration Rule 8?** \_\_\_\_\_ *(Supporting documentation must be submitted with application.)*  
**Do you waive deferment?** \_\_\_\_\_

**Will Reparation Obligor have personal representation at hearing?** \_\_\_\_\_  
**If not, do you waive notice of hearing?** \_\_\_\_\_

**RESPONDENT’S ALLEGATIONS:**

**Do you admit coverage? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_  
*(Failure to answer the question or an affirmative answer prior to an award shall be deemed a waiver of any coverage defense.)*

**Do you admit Liability? \_\_\_\_\_ If so, amount of Damages conceded, if any:** \_\_\_\_\_

**Do you accept Arbitration?** \_\_\_\_\_

**Has settlement been attempted in last 60 days?** \_\_\_\_\_

**Are you aware of pending claims or suits arising out of the same accident?** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**Do you request deferment in accordance with Arbitration Rule 8?** \_\_\_\_\_

**Do you waive deferment?** \_\_\_\_\_

**Will Reparation Obligor have personal representation at hearing?** \_\_\_\_\_  
**If not, do you waive notice of hearing?** \_\_\_\_\_

**CONTENTIONS: Applicant and Respondent—attach separate sheet and submit supporting documents**

**I hereby certify that 2 copies of this application and Contentions and 1 copy of all documentation were mailed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**to (Respondent)** \_\_\_\_\_

**Date:** \_\_\_\_\_  
 \*

\_\_\_\_\_  
**Signature Applicant Representative**

**I hereby certify that 1 copy of this application and all documentation was mailed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**to (Applicant)** \_\_\_\_\_

**Date:** \_\_\_\_\_  
 \*

\_\_\_\_\_  
**Signature Respondent Representative**