

COMPANY NAME:		DATE OF ASSIGNMENT:	
COMPANY MAILING ADDRESS:		FILE AS: (CIRCLE ONE)	APPLICANT RESPONDENT WITH COUNTERCLAIM
CLAIM NUMBER:		DATE OF LOSS:	
ADJUSTER NAME:		INSURED'S NAME:	
ADJUSTER TELEPHONE:	EXT	ADJUSTER EMAIL:	

ITEMIZATION OF ARBITRATION AMOUNT

COLLISION PAID:	
COMPREHENSIVE PAID:	
DEDUCTIBLE AMOUNT:	
UMBI PENDING? (CIRCLE ONE):	YES NO
UMBI PAID:	
UMPD PAID:	
UMPD DEDUCTIBLE PAID:	
RENTAL PAID:	
LESS SALVAGE:	
IF SUBROGABLE, PIP BENEFITS PAID TO DATE:	
PIP PAYMENT FINAL? (CIRCLE ONE):	YES NO
DATE OF FIRST PIP PAYMENT:	
DATE OF LAST PIP PAYMENT:	
FILE AS PIP DEFERMENT?:	YES NO
NET AMOUNT TO BE ARBITRATED:	
IF THERE ARE ANY OTHER PENDING CLAIMS, PLEASE ADVISE.	

RESPONSIBLE PARTY(IES)

ADVERSE CARRIER NAME:	
ADDRESS:	
ADVERSE ADJUSTER NAME:	
ADVERSE TELEPHONE:	
ADVERSE CLAIM#:	
ADVERSE POLICY#:	
ADVERSE NAMED INSURED:	

ADVERSE CARRIER NAME:	
ADDRESS:	
ADVERSE ADJUSTER NAME:	
ADVERSE TELEPHONE:	
ADVERSE CLAIM#:	
ADVERSE POLICY#:	
ADVERSE NAMED INSURED:	

COMMENTS

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GENERAL INFORMATION

Upon receipt of the arbitration assignment, the claim is promptly entered into Vargo & Janson's computer system and a file is created. The file is then assigned to our professional Claims Staff who contacts the adverse carrier in an attempt to amicably settle the case. Our Claims staff will contact you for authority if any negotiations for a dollar amount less than the total amount of the claim is contemplated. Should negotiations fail or liability be denied, we will then proceed to file arbitration with Arbitration Forums, Inc. If the adverse is a non-signatory member to inter-company arbitration, we will ask if it wishes to voluntarily participate. If not, we will contact you to discuss/seek authority to file suit.

You will receive a Status Report every 90 days unless a monetary activity has occurred, in which case you will receive a Transaction Report for that month. Accounts assigned are handled on a contingency fee basis as per our agreement/contract.

Vargo & Janson does not require an entire copy of your claim file. Please forward all supporting documentation to substantiate the claim. This includes proof of payment/deductible amounts along with damages proofs (include appraisals, estimates, receipts, invoices, medical bills [PIP/UM-UIMBI], salvage recovery information and original photographs). These should correspond with your net arbitration amount. We would like copies of your Loss Report, any official/independent investigative reports, expert reports and any recorded statement transcriptions or written statements. Lastly, send any germane correspondence to/from the adverse and/or his legal representative.

THANK YOU FOR YOUR BUSINESS