

National Association of Mutual Insurance Companies
Property Casualty Conference

3601 Vincennes Road
P.O. Box 68700
Indianapolis, IN 46268
(317) 875-5250

Claim Arbitration Service

WAIVER OF NON JURISDICTION

PETITIONER:

Insured:
Claim Number:

RESPONDENT:

Insured:
Claim Number:

ARBITRATION CASE NUMBER: _____

In accordance with the Procedural and Jurisdictional Rules of the Claim Arbitration program of the NAMIC Property Casualty Conference we, the undersigned, _____, a (signatory/nonsignatory) to the Claim Arbitration Agreement of the NAMIC Property Casualty Conference, consent to a hearing by the Committee and final decision on the above-referenced claim involving as an additional party _____ which is (signatory/nonsignatory) to the Agreement of the NAMIC Property Casualty Conference.

By execution of this document, we, _____, agree to waive the lack of jurisdiction of the Claim Arbitration Committee of the NAMIC Property Casualty Conference, and, further, agree to be bound by the decision of said Committee.

Signed _____

Title _____

For _____
(Company)

Date of Execution _____