

Amended Application Form
KENTUCKY INSURANCE ARBITRATION ASSOCIATION
PO Box 436509
LOUISVILLE, KENTUCKY 40243
502-327-0372

(Click to Print)

(Click to Reset)

Docket #:	Date Completed:
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Please check the appropriate box if contact information needs to be changed. Please complete only the item(s) to be changed:

<input type="checkbox"/> Applicant Contact Information	<input type="checkbox"/> Respondent Contact Information
Name of Reparation Obligor	Name of Respondent
NAIC #	NAIC #
Company adjuster or representative	Company adjuster or representative
Adj./ Rep. Address	Adj./ Rep. Address
Adj./Rep. City, State, ZIP	Adj./Rep. City, State, ZIP
Adj./Rep. Telephone #	Adj./Rep. Telephone #
Adj./Rep. Email address	Adj./Rep. Email address
Name, address and tel. # of third party claims administrator or Attorney	Name, address and tel. # of third party claims administrator or Attorney
Insured's Name	Insured's Name
Claim #	Claim #

Please check the box that corresponds to the information being amended:

Amount of Damages: \$ _____

Deferment Request: Do you request deferment? Yes No

Explain: _____

Personal Representative: Will a representative appear at the hearing? Yes No

Contentions: New Amended

Supporting documentation attached

Your signature certifies that the information contained herein has been sent to all involved parties in accordance with the KIAA Plan and Rules.

Signed:

Date: