

**Kentucky Insurance Arbitration Association  
Contentions Sheet**

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Reset Form

**Applicant:**

**NAIC #:**

**Claim #:**

**Insured's Name:**

**Respondent:**

**NAIC #:**

**Claim #:**

**Insured's Name:**

**File provided by:**

**Applicant**

**Respondent**

**Affirmative Defenses/Pleadings:**

**Deferment Justification:**

**Contentions:**

(Continue on next page as needed)

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**Contentions (Cont.):**

**(Continue on next page as needed)**

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**Contentions (Cont.)**

**(Continue on pages 4 & 5 as needed)**

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### Evidence:

List evidence which will support your contentions which may include but is not limited to: Liability proof - statement of applicant driver, statement of respondent driver, police report, scene photos, vehicle photos. Damages proof - PIP claim payment records, medical bills, medical reports, estimate of vehicle damages.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

### Damages:

The Applicant should itemize payments to support the amount of your claim that must be listed on the application. The Respondent may wish to present your arguments regarding the damages and outline the damages that are in dispute.

*(Use the remainder of this page and the following page to continue.*  
*(Please place check to indicate which is continued)*

Affirmative Defenses/Pleadings

Contentions

Damages

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