



GOVERNMENT OF PUERTO RICO
Office of the Commissioner of Insurance

AGREEMENT FOR SUBMISSION TO APPRAISAL PROCEEDING

It is hereby agreed, by and between _____ (“Insured”)
(Insured name)

and _____ (“Insurer”), to voluntarily submit to a neutral
(Insurer name)

appraiser their differences regarding the amount of loss sustained as a result of claim

_____ incurred on _____ to the property or properties
(Claim number) (mm/dd/yyyy)

described in the following policy of insurance _____ issued by the “Insurer” to
(Policy number)
the “Insured” (“The Parties”).

Each party is responsible for appointing their appraiser in the appraisal proceeding. The Insurer’s
appraiser and Insured’s appraiser shall meet and attempt in “good faith” to resolve any dispute or
difference regarding the amount of loss, cost of repair or replacement, or business interruption
loss issues, subject to appraisal by a neutral umpire, that shall be selected by mutual agreement
of the parties or, if not agree upon within (5) five days, appointed by the Commissioner.

In connection with the appraisal proceeding, neither the Insurer’s appraiser, the Insured’s
appraiser nor the neutral umpire shall attempt to resolve any issue of insurance coverage, policy
exclusion, compliance with the policy terms and conditions, or any issue concerning the limits of
insurance available under the policy. The neutral umpire does not have authority to decide any
question of law.

Nothing stated in this agreement is intended nor should it be construed to be a waiver of rights or
defenses available to the parties under any applicable policy provision or any statute or law.

The Parties subscribe this agreement on ____ day of _____, 20____.

Signed by Insured (or its representative)

Signed by Insurer’s Representative

Address: _____

Address: _____

Phone: _____

Phone: _____

e-mail: _____

e-mail: _____





GOVERNMENT OF PUERTO RICO
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**NEUTRAL UMPIRE APPLICATION
 FOR APPRAISAL PROCEDURE**

A. PERSONAL INFORMATION

Name and surnames: _____

Mailing address:

Cell number: _____ Email: _____

Place of employment and address:

Office telephone number.: _____

B. PROFESSIONAL TRAINING

State the licenses or professional certifications you hold (e.g., adjuster, civil engineer (PE), architect or certified public accountant). Include a certificate of Good Standing.

Type of license or certification	License or certification number	Expiration date

Courses related to alternative methods of conflict resolution or courses on appraisal of losses or damages related to property insurance that you have taken. Include your resumé or curriculum vitae.

Title of course	Name of provider	Date passed	Number of units or contact hours

Is there now or has there ever been any complaint or disciplinary action against you in any administrative or legal forum related to your professional conduct? Yes _____ No _____



If you answered the above question affirmatively, provide evidence of the final resolution.

State whether you have any economic or financial interest (as shareholder, member, partner, director, officer, representative or employee), or contractual relationship in the field of insurance with an insurer or adjuster who is authorized to business or is doing business in Puerto Rico.

Yes _____ No _____

If you answered the above question affirmatively, state the name and kind of relationship you have with the insurer or adjuster.

REFERENCES. Provide the name of three (3) persons, title, address, and telephone number who can provide employment references.

Name and surnames	Telephone number	Mailing or email address	Title

I certify that all of the information provided in this application is true and correct, as well as the documents and certifications that are attached hereto and I authorize the OCI to make the pertinent investigation to corroborate the veracity of the information contained in this application.

Signature

Date

Once completed, this application shall be submitted to the Office of the Commissioner of Insurance at the following email address: appraisal@ocs.pr.gov.