



GOVERNMENT OF PUERTO RICO
Office of the Commissioner of Insurance

OCS-I-002
For use by the OCI
Application No.: _____

**APPLICATION FOR APPOINTMENT OF ARBITRATOR
IN AN APPRAISAL PROCESS**

Pursuant to Section 11.190(3) of the Insurance Code of Puerto Rico, when the insurer's appraiser and the insured's appraiser cannot agree on the selection of an arbitrator within fifteen (15) calendar days from the date of the application for the appraisal process, the Office of the Commissioner of Insurance will select and arbitrator. In order for the Office to proceed to appoint an arbitrator, the following application must be filled out with the required information.

INSURED/CLAIMANT'S INFORMATION

Name and Surname(s) of the Insured

Mailing Address

City	State	Zip Code
Telephone	Fax	Email:

Name of the appraiser appointed by the insured

Mailing Address

City	State	Zip Code
Telephone	Fax	Email

INSURER'S INFORMATION

Name of the insurer

Mailing Address

City	State	Zip Code
Telephone	Fax	Email

Name of the appraiser appointed by the insurer

Mailing Address

City	State	Zip Code
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Telephone	Fax	Email
GENERAL INFORMATION		
Policy Number	Claim Number	
Date on which the other party was notified of the application for an appraisal process (month/day/year)		
Type of coverage for claim <input type="checkbox"/> Physical damage to property <input type="checkbox"/> Interruption of business <input type="checkbox"/> Other _____		
If a legal case has been brought for the claim, state the judicial region, the division and courtroom, and the number of the court case:		
Brief summary of the disputed amount for which the appraisal process is requested		
So that the Office may evaluate and process the application for the appointment of an arbitrator for the appraisal, the following documents and information must be provided: <ol style="list-style-type: none"> 1. Copy of the claim filed with the insurer. 2. Copy of the payment offer by the insurer. 3. Copy of the application for the appraisal process and evidence of the notice to the other party. 4. Copy of final unappealable judgment or resolution of the court referring the dispute to the appraisal process, if applicable. 		
When the application is completed, file it with this Office at the following email address: appraisal@ocs.pr.gov . At the same time this application is filed, you must notify the other party with a complete copy of the application along with its attachments. If you are filing this application as representative of one of the parties, you must include evidence in writing that the party has designated you to act as its representative in the appraisal process.		

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT IN ALL OF ITS PARTS.

I FURTHER CERTIFY THAT TODAY I SENT A COPY OF THIS NOTICE AND ITS ATTACHMENTS TO THE OTHER PARTY OR ITS REPRESENTATIVE, BY EMAIL AT THE ADDRESSES OF RECORD.

This ____ day of _____ 20__.

Name of the Applicant

Signature