



Mediation Request Form
Texas Department of Insurance
2009 Hurricane Ike Mediation Pilot Program

You can complete this form online at www.trucemedia.com. You can also e-mail this form to requestform@trucemedia.com, fax it to 214-387-8429, or mail it to:

Truce Dispute Resolution Firm LLC
6136 Frisco Square Boulevard, Suite 400
Frisco, Texas 75034.

| Insured's Information | | | |
|--|------------|---------------------|----------|
| Name | | | |
| Current address | City | State | Zip Code |
| Property address (where damage is claimed) <i>If same as current address, please write "same"</i> | City | State | Zip Code |
| Home phone | Cell phone | Work phone | |
| Home e-mail address | | Work e-mail address | |
| <small>With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information kept by TDI. Please contact the Agency Counsel Section of TDI's Legal Services Division at AgencyCounsel@tdi.state.tx.us or you may refer to the Corrections Procedures section (www.tdi.state.tx.us/commish/legal/lccorprc.html) on our website.</small> | | | |

| Insurance Company Information | |
|--------------------------------------|--------------|
| Name of insurance company | Phone number |
| Policy number | Claim number |
| Name of claims adjuster | Phone number |

About Your Dispute

1. What is the total amount you are requesting in your claim? \$ _____

2. How much has your insurance company offered to pay? \$ _____

3. Approximately, when was your last contact with your insurance carrier regarding this claim?

4. Has an attorney been hired to assist you with this claim? _____ Yes _____ No

If yes, please provide attorney's name and phone number _____

5. Have you received estimates or other documentation from contractors or other professionals that substantiate your claim? _____ Yes _____ No

If yes, are these documents available for review in the mediation conference? _____

6. Briefly describe the dispute:

7. Describe what would bring you satisfactory closure to this dispute:

Identify Special Needs

In this section, please identify any special accommodations you may need to help you with the mediation conference. You will be provided with either a mediator who speaks your language or a translator. Special accommodations will be made for people with disabilities as well. We must be notified a minimum of seven days prior to your scheduled conference in order to accommodate your special needs.

_____ **Language.** Please explain your need. (example: Speak only Spanish) _____

_____ **Disability.** Please explain your need. (example: Need wheel chair access or are hearing impaired)

Mediation Conference Attendance

Please name and identify the role of anyone who will attend the mediation session (including yourself). Only those listed and submitted with this form or added not less than seven days prior to the scheduled mediation conference may attend. (Examples of "role" include self, spouse, representative, testimonial.)

Name _____ **Role** _____

Name _____ **Role** _____

Name _____ **Role** _____

Name _____ **Role** _____

Name _____ **Role** _____

Name _____ **Role** _____

Name _____ **Role** _____

* List the total number of participants (including yourself) who will attend the mediation conference _____

Casual observers and children are not permitted to attend the session. Child care is not provided.

Complete the Calendar with Your Availability to Attend the Mediation Conference

How to complete the availability form:

1. Check your personal calendar and identify five or more dates and times that you could attend the conference.
2. Insert the month you are referring to in the space provided at the top of the calendar.
3. Write the dates you're available in the blank spaces next to "date" on the calendar.
4. Either circle or highlight your preferred time for each day you are available.
Refer to the sample completed form for more clarity.

The availability you identify in the calendar will be matched with the availability of the insurance company representative. The one date that is mutually convenient to all will be selected.

Double check your personal calendar, work schedule, doctor's appointments, etc. and the calendar of those who will be attending the mediation conference with you for potential commitments that may clash with the dates you are identifying and submitting as your availability.

Once this Mediation Request Form has been submitted and the insurance company has accepted your chosen and committed date, it is very difficult to change the schedule. You will be notified within three days of submission of this Mediation Request Form as to which of your selected choice dates your insurance carrier has agreed to for the mediation conference.

Month _____

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|
| Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm |
| Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm |
| Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm |
| Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm | Date _____ Mornings 8am-12pm Afternoons 12 -4 pm Evenings 4 -8pm |

Please confirm and list your availability here:

| | | | |
|------------|----------------|------------------|------------------|
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |
| Date _____ | Mornings _____ | Afternoons _____ | Evenings _ _____ |

Signature

Date

Sample Completed Form

Month September

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|---|---|--|--|
| Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/3</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm |
| Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/9</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/12</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm |
| Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/15</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/18</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm |
| Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date <u>9/22</u> Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm | Date _____ Mornings 8am-12pm Afternoon 12-4 pm Evenings 4-8pm |

Please confirm and list your availability here:

| | | | |
|------------------|-------------------|---------------------|-------------------|
| Date <u>9/3</u> | Mornings _____ | Afternoons <u>X</u> | Evenings _____ |
| Date <u>9/9</u> | Mornings _____ | Afternoons <u>X</u> | Evenings _____ |
| Date <u>9/12</u> | Mornings <u>X</u> | Afternoons _____ | Evenings _____ |
| Date <u>9/15</u> | Mornings <u>X</u> | Afternoons _____ | Evenings _____ |
| Date <u>9/18</u> | Mornings <u>X</u> | Afternoons _____ | Evenings <u>X</u> |
| Date <u>9/22</u> | Mornings <u>X</u> | Afternoons _____ | Evenings _____ |