

IMPORTANT NOTICE ABOUT THE POLICY OF INSURANCE FOR WHICH YOU HAVE APPLIED

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS

READ THE FOLLOWING INFORMATION CAREFULLY:

1. The policy for which you are applying includes a binding arbitration agreement.
2. The arbitration agreement requires that any dispute related to this policy must be resolved by arbitration and not in a court of law.
3. The results of the arbitration are final and binding on you and the insurance company.
4. In arbitration, one or more arbitrators, who are independent, neutral decision makers, render a decision after hearing the positions of the parties.
5. When you accept this insurance policy you agree to resolve any dispute related to the policy by binding arbitration instead of a trial in court, including a trial by jury.
6. Binding arbitration generally takes the place of resolving disputes by a judge and jury.
7. Should you need additional information regarding the binding arbitration provision in the policy, you may contact our toll-free assistance line at 1-877-777-8808.
8. You will have five (5) days from and after delivery of the policy to reject the policy if you do not want to accept the requirement for arbitration.

ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT

I have read or have been read the above disclosure. I understand that I am voluntarily surrendering my right to have any disagreement between me and the insurance company resolved in court. This means I am waiving my right to trial by jury.

I understand that upon receipt of the policy I should read the arbitration provision contained in the policy.

I understand that this same type of insurance may be available through an insurance company that does not require that policy related disputes be resolved by binding arbitration.

Applicant/Insured

Date

Time

Agent

Date

Time