



## **Arbitration Request Form – Insurance Coverage Denial**

### **1. Claimant Information**

- **Full Name:** \_\_\_\_\_
- **Pet:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

### **2. Insurance Information**

- **Policy Number:** \_\_\_\_\_
- **Claim Number:** \_\_\_\_\_

### **3. Dispute Summary**

- **Date of Denial:** \_\_\_\_\_
- **Claimant's Reason for Dispute:**  
(Briefly explain why you believe the denial is incorrect or unjust)

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### **4. Relief Requested**

(Describe the resolution or coverage you are seeking through arbitration)

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### **6. Arbitration Agreement**

I hereby request arbitration to resolve the dispute regarding the denial of insurance coverage. I understand that the arbitration decision may be binding or non-binding depending on applicable laws and the agreement with the insurer.

**Signature of Claimant or Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send via certified mail to Companion Protect Legal Department  
11460 Tomahawk Creek Parkway Suite 300, Leawood, KS 66211