

COMMONWEALTH AUTOMOBILE REINSURERS

REQUEST FOR REVIEW/RELIEF

(PURSUANT TO RULE 20, CAR RULES OF OPERATION/RULE 40 MAIP RULES OF OPERATION)

Requestor's Name/Title:

Signature:

Date:

Agency or Company Name:

Address:

City/Town:

State:

ZIP Code:

Tel. #:

Fax #:

email:

IF REPRESENTED BY COUNSEL OR OTHER PARTY, PLEASE COMPLETE THE FOLLOWING:

(Representation by counsel is not required):

Name of Rep:

Firm:

Address:

City/Town/St/ZIP:

Tel. #:

Fax #:

email:

1

Reason For Review: A. Concisely summarize the reason(s) for your request for review identifying the nature of your aggrievement or request for relief.
B. Identify the specific relief sought.

2	<div> <div> Details of Aggrievement(s): </div> <div> Provide specific detail for each reason cited above including references to violations of CAR or MAIP Rules, the agency contract, or established practices of CAR, MAIP or one of its members. Include historical reference, where appropriate. (Attach supporting documentation.) </div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
3	<div> <div> Action(s) Taken to Date to Resolve the Matter: </div> <div> Cite when you first became aware of each item/issue being contested and the steps taken to mitigate the matter prior to this request for a formal review. (Attach supporting documentation) </div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

Scheduling of Review

Upon receipt of a completed Request for Review Form, a hearing date will be established within 15 business days. Once a date has been confirmed, CAR will issue a written notification to all affected parties. **Any parties wishing to present written exhibits to be considered at the Committee meeting will be required to submit them to CAR's Docket Clerk no later than 5 business days prior to the scheduled meeting date. Written exhibits submitted to CAR within 5 business days of the scheduled meeting date will not be entered on the docket but must be petitioned for consideration directly to the Committee. It will be the Committee's determination as to whether these exhibits will be considered in their deliberations. In addition, parties submitting exhibits directly to the Committee are expected to be prepared to provide a minimum of 25 copies. Parties should provide copies of ALL exhibits and documentation that they wish considered in the matter to the opposing party in concert with their submissions to CAR and/or the Committee.** A request for a continuance on a review of the matter will be granted upon the agreement of all parties. All other requests for continuances must be physically presented to the assigned Committee for approval.

15 Business Day Waiver: Initial if waiving the need for a review within 15 business days:

I waive the 15 business day review while retaining rights to a review: (Initial): _____

**PLEASE NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO CAR
PRIOR TO THE INITIATION OF A FORMAL REVIEW PURSUANT TO
RULE 20, CAR RULES OF OPERATION/RULE 40 MAIP RULES OF OPERATION**

FOR COMPLETION BY CAR OFFICE – DO NOT WRITE BELOW

4	Assigned Docket Number:
5	Related Docket Number(s):
6	Assigned Review Forum: CAR COMMITTEE: _____ Scheduled Review Date: _____
7	Disposition: