Financial Services Commission of Ontario

Dispute Resolution Group

Form D
Agreement to Neutral Evaluation at the Commission
(Fax-Back Form)

Personal information requested on this form is collected under the authority of the *Insurance Act*, R.S.O. 1990, c.I.8 as amended. This information, including documents submitted with this Form, will be used in the dispute resolution process for accident benefits. This information will be available to all parties to the proceeding. Any questions about this collection of information may be directed to the Office of the Registrar, Dispute Resolution Group, FSCO.

An ***Application for Arbitration*** has been filed with the Dispute Resolution Group of the Financial Services Commission of Ontario (the Commission). Your company is named as a party in this arbitration. Use this Form to consent to a request for neutral evaluation raised in the ***Application***.

This form may also be used by the insurer to request neutral evaluation through the Commission, where the applicant has NOT requested neutral evaluation in the ***Application***, provided the insurer obtains the Applicant's written consent to neutral evaluation and no private neutral evaluation has been conducted in respect of the issues in dispute.

GENERAL INFORMATION

COMMISSION FILE NO. FOR ARBITRATION

Applicant / Insured Person			**Date of Accident**		
Last Name	First Name		Month	Day	Year
Street Address	City	Province	Postal Code		
Home Phone Number ( )	Work Phone Number ( )				
Fax Number ( )	Electronic Mail Address (optional)				

Insurance Company		
Name		
Contact Person		
Street Address		
City	Province	Postal Code
Phone Number	Fax Number	Electronic Mail Address
Insurer Claim Number	Policyholder Name	Policy Number

1. Within **20 days** of the receipt by the insurer of the ***Application for Arbitration***, the insurer must respond in ONE of the following ways:

   (a) Where the insured person has requested neutral evaluation in the ***Application for Arbitration***, the insurer may consent to neutral evaluation by serving and filing this form on the applicant and the Office of the Registrar of the Dispute Resolution Group. The Commission requires service of this form upon the Commission by facsimile transmission.

   (b) Where the insured person has NOT requested neutral evaluation in the ***Application for Arbitration***, the insurer may request neutral evaluation by obtaining the written consent of the applicant and serving and filing the written consent and this form on the office of the Registrar. The Commission requires service of this form upon the Commission by facsimile transmission.

   (c) Upon receipt of the materials referred to in (a) or (b) above, the Director of Arbitrations will promptly appoint a person to perform the neutral evaluation and confirm the appointment with the parties. Where the insurer does not wish to refer the issues in dispute to neutral evaluation, the insurer must file a ***Response by Insurer to an Application for Arbitration*** in **Form E,** pursuant to Rule 27 of the Dispute Resolution Practice Code.

2. The applicant requested neutral evaluation through the Commission in the ***Application for Arbitration***:

   Yes ☐ No ☐

   (a) If **YES**, the insurer hereby **CONSENTS** to a referral of the issues in dispute in this arbitration, to a person appointed by the Director of Arbitrations, for a neutral evaluation of the probable outcome of a proceeding in arbitration.

   (b) If **NO**, the insurer hereby **REQUESTS** a referral of the issues in dispute in this arbitration to a person appointed by the Director of Arbitrations for a neutral evaluation. The insurer has attached a copy of the written consent of the applicant to a referral of the issues in dispute in the arbitration to neutral evaluation at the Commission.

   Yes ☐

3. The insurer hereby certifies that all documents required for an evaluation of the issues in dispute in this arbitration have been exchanged by the parties or will be exchanged **within 30 days** of the date of this Form, and that no other documents or reports are required for the neutral evaluation.

4. The person identified below will be available for a neutral evaluation **within 60 days** from the date of this Form. The insurer confirms that the following two half-day dates are available to both parties:

   _____ a.m. _____ p.m. _____

   _____ a.m. _____ p.m. _____

THE PERSON HANDLING THIS FILE, WITH BINDING AUTHORITY, ON BEHALF OF THE INSURANCE COMPANY:

Name of Company Representative:		
Last Name	First Name	Title
Phone Number	Fax Number	Electronic Mail Address
ADR Coordinator's Signature		Date

Or the Insurance Company's legal representative		
Name	Law Firm	File Reference Number
Street Address		
City	Province	Postal Code
Phone Number	Fax Number	Electronic Mail Address