

**[Your Name]**  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

**[Date]**

**[Adjuster Name]**  
[Insurance Company Name]  
[Address]  
[City, State, Zip Code]

**RE: DEMAND FOR ARBITRATION**

**Claim Number:** [Claim Number]  
**Policy Number:** [Policy Number]  
**Insured:** [Your Name]  
**Date of Loss:** [Date of Accident]

To [Adjuster Name / Claims Department],

This letter serves as a formal demand for binding arbitration regarding the Uninsured Motorist (UM) claim arising from the motor vehicle accident that occurred on [Date of Accident].

Despite previous attempts to resolve this matter through negotiation, we have reached an impasse regarding [liability / the valuation of damages]. As such, I am exercising my rights under the terms of the insurance policy to seek a resolution through arbitration.

I hereby name **[Name of Your Selected Arbitrator, if applicable]** as my appointed arbitrator. Please provide the name of the arbitrator selected by [Insurance Company Name] within the timeframe required by state law and the policy provisions.

Please acknowledge receipt of this demand in writing within [Number, e.g., 10] business days. I look forward to your prompt response so that we may schedule the arbitration hearing without further delay.

Sincerely,

[Your Signature]

[Your Printed Name]