

COMMONWEALTH AUTOMOBILE REINSURERS

REQUEST FOR REVIEW/RELIEF

(pursuant to Rule 20, CAR Rules of Operation)

Please complete in type or print in ink.

Requestor's Name/Title:

Signature:

Date:

Agency or Company Name:

Address:

City/Town:

State:

ZIP Code:

Telephone #:

Fax #:

Representation:

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:

Telephone #:

Fax #:

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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.

Scheduling of Review: Upon receipt of a completed Request for Review Form a date will be established within 15 working days, pursuant to CAR Rule 20. Once a date has been confirmed, CAR will issue a written notification to affected parties. Any parties wishing to present written exhibits to be considered at the Committee meeting shall 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 directly to the Committee at the meeting itself. It will be left to the determination of the Committee 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 Day Waiver (CAR Rule 20): Initial if waiving the need for a review within 15 days:

I waive the 15 day review window pursuant to CAR Rule 20: (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**

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: