

AGREEMENT TO SUBMIT TO MEDIATION

CMCI File: M

Plaintiff:

Defendant:

Insurer:

Date of Accident/Injury:

1. The undersigned hereby agree to submit the above-captioned claim/dispute to non-binding mediation.
2. The undersigned further agree that this claim shall be submitted to COMMONWEALTH MEDIATION AND CONCILIATION, INC. (CMCI) for non-binding mediation in accordance with the CMCI Mediation Rules, which rules are incorporated by reference herein.
3. All fees and expenses shall be paid in accordance with the fee schedule provided by CMCI.

Plaintiff

Insurer

By:

Plaintiff's Attorney

Defendant's Attorney

Defendant

ESTIMATED HEARING TIME: _____

NUMBER OF WITNESSES: PLAINTIFF: _____

DEFENDANT: _____