



LDI Approved Mediation Firm Application

The following application is for mediation firms wanting to be considered as prospective mediators for the Louisiana Hurricane Property Insurance Claim Alternative Dispute Resolution Program (Louisiana Hurricane Mediation Program). If your firm would like to be considered for the list of approved mediation firms that will be maintained by the LDI, please print, complete and return this application and fee structure along with the attached attestation to: (*Charles.Hansberry@ldi.la.gov*).

Applying does not guarantee approval or placement on the LDI Approved Mediation Firm List. Firms will receive notification regarding the status of their application and the LDI's final decision.

ORGANIZATION

Official Organization Name: _____

Municipal Address: _____

Phone #: _____

Email Address: _____

CONTACT PERSON

Name: _____

Title/Position: _____

Phone #: _____

Email Address: _____

**Organization's fee structure shall be in compliance with
La. R.S. 22:2654 (A)(4).**

Providing the fee structure electronically as a separate attachment is permitted.

Attestation

I hereby declare that the information provided in this application is true, accurate, and correct to the best of my knowledge. My mediation firm will conduct its business operations in strict adherence to all statutory obligations outlined in the Louisiana Mediation Act (La.R.S. 9:4101 et seq.), the Hurricane Property Insurance Claim Alternative Dispute Resolution Program (La.R.S. 22:2651 et seq.), and LDI Regulation 127. If the information provided is found to be false, inaccurate, or incorrect, or if my mediation firm fails to comply with the aforementioned statutory provisions and regulation, I understand that my firm will be removed from the approved mediation firm list maintained by the Louisiana Department of Insurance.

Signed on ____ of _____, 20____ in _____, _____.
(date) (month) (city) (state)

Signature