
**SAN LUIS OBISPO COUNTY BAR ASSOCIATION
APPLICATION TO SERVE AS UNINSURED MOTORIST/
UNDERINSURED MOTORIST ARBITRATOR**

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

E-MAIL: _____

1. ARE YOU A MEMBER OF THE CALIFORNIA BAR? Yes _____ No _____

2. HAVE YOU BEEN A LICENSED ATTORNEY FOR AT LEAST TEN YEARS?
Yes _____ No _____

3. ARE YOU A MEMBER OF THE SLO COUNTY BAR? Yes _____ No _____

4. DO YOU HAVE ERRORS AND OMISSIONS COVERAGE IN THE AMOUNT
OF AT LEAST \$500,000? Yes _____ No _____

5. HAVE YOU PARTICIPATED IN THREE OR MORE UM/UIM ARBITRATIONS
AS AN ARBITRATOR OR AS COUNSEL OR HAVE YOU HAD MCLE
APPROVED TRAINING FOR UM/UIM ARBITRATIONS? Yes _____ No _____

6. DO YOU AGREE TO SUPPORT THE EFFORTS OF THE SLO BAR
ASSOCIATION TO PROMOTE THE HIGHEST AND PROFESSIONAL AND
ETHICAL STANDARDS IN CONNECTION WITH THE HANDLING OF
THESE MATTERS? Yes _____ No _____

7. DO YOU AGREE TO TAKE AN OATH TO ADHERE TO ETHICAL
STANDARDS OF PRACTICE FOR CASES INVOLVING COURT-ANNEXED
MEDIATIONS/ARBITRATIONS AS SET FORTH IN CALIFORNIA RULES OF
COURT SECTIONS 3.850-3.868? Yes _____ No _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE
AND CORRECT OF MY OWN PERSONAL KNOWLEDGE:

Signature: _____ Date: _____

Printed Name: _____

(Email completed applications to Scott@Radovich.com)

NOTE: SLO BAR RESERVES THE RIGHT TO APPROVE OR REJECT ANY APPLICATION.