AMERICAN ARBITRATION ASSOCIATION Supplementary Rules for the Resolution of Intra-Industry U.S. Reinsurance and Insurance Disputes

Reinsurance and Insurance Dispute Submission Form

To institute proceedings, please send two copies of this submission, and the dispute resolution provision in the contract (if applicable), along with the proper **filing fee** to the AAA (please see above-entitled rules for proper fee).

		Date:				
Type of Business: Claimant (Party 1) Respondent (Party 2)	□Insurer □Insurer	□Reinsurer □Reinsurer		etrocessionair etrocessionair		_
☐The parties jointly ag American Arbitration Ass umpire under the AAA's U	e purpose of sel			Please indicate level of service required: □List Only		
or ☐The claimant (party 1) unilaterally submits the underlying dispute to the American Arbitration Association for the specific service selected. The claimant acknowledges the presence of a dispute resolution provision				☐List with appointment ☐Complete AAA administration		
or Procedures. A copy of (Note: the American Arbit AAA's Rules or Procedure	ration Associati	ion cannot proce		on the unilate	ral request of one party unless	the
aimant (Party 1)		(Part	(Party 2) Respondent			
Address		Addres	Address			
City/State/Zip () Telephone	Fax	City/Sta (Telepho)		Fax	
Name of the Party's Attorney or Representative		Name o	Name of the Party's Attorney or Representative			
ddress		Addres	Address			
City/State/Zip	City/Sta	City/State/Zip				
Telephone	Fax	Telepho	one		Fax	
Signed (may be signed by a representati	ve) Title	Sign	ned (ma	v be signed by a repres	entative) Title	