

AMERICAN ARBITRATION ASSOCIATION/JOINT RESOLUTION, LLC PROCEDURES FOR RESOLUTION OF U.S. REINSURANCE DISPUTES

Reinsurance Dispute Submission Form

The named parties hereby sul Resolution, LLC procedures for			American Arbitration Association/Joint	
Nature of Dispute:				
Dollar Amount of Claim: \$				
Other Relief Sought: Attor Other:	neys Fees Interest A	rbitration Costs Punitive/Exer	mplary	
Please file two signed copie	s along with the filing fee	as provided for in the Procedu	res, to the AAA. Amount of filiing fee	
enclosed with this submission	(please refer to the fee sch	edule in the procedures for the a	appropriate fee) \$	
We agree that we will abide b	by and perform any award re	endered hereunder and that a jud	dgment may be entered on the award.	
Name of Party:		Name of Party:	Name of Party:	
Address:		Address:	Address:	
City:		City:	City:	
State:	Zip Code:	State:	Zip Code:	
Phone No.:		Phone No.:	Phone No.:	
Fax No.:		Fax No.:	Fax No.:	
Email Address:		Email Address:	Email Address:	
Signature (required):		Signature (required):	Signature (required):	
Name of Representative:		Name of Representati	No:	
·				
Name of Firm (if applicable:			Name of Firm (if applicable:	
Address (to be used in connection with this case:		Address (to be used in	Address (to be used in connection with this case:	
City:		City:	City:	
State:	Zip Code:	State:	Zip Code:	
Phone No.:		Phone No.:	Phone No.:	
Fax No.:		Fax No.:	Fax No.:	
Email Address:		Email Address:	Email Address:	
D-:	Please file fwo copies	with the American Arbitration Ass	sociation:	

Reinsurance Case Management Center, 2200 Century Parkway, Suite 300, Atlanta, GA 30345 (800) 925-0155