



**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):

Insurer    Reinsurer    Retrocessionaire

Other:

Respondent (Party 2):

Insurer    Reinsurer    Retrocessionaire

Other:

The parties jointly agree to submit the underlying dispute to the American Arbitration Association for the purpose of selecting the neutral umpire under the AAA's Umpire Selection Procedures.

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 named in the parties' contract which specifically includes the AAA's Rules or Procedures. A copy of the provision is enclosed.

*(Note: the American Arbitration Association cannot proceed upon the unilateral request of one party unless the AAA's Rules or Procedures are specifically named in contract).*

Please indicate level of service required:    List Only    List with appointment    Complete AAA administration

Claimant (Party 1):

Respondent (Party 2):

Address:

Address:

City:

City:

State:

Zip Code:

State:

Zip Code:

Telephone:

Telephone:

Fax:

Fax:

Name of the Party's Attorney or Representative:

Name of the Party's Attorney or Representative:

Address:

Address:

City:

City:

State:

Zip Code:

State:

Zip Code:

Telephone:

Telephone:

Fax:

Fax:

Signed (may be signed by a representative):

Signed (may be signed by a representative):

Title:

Title:

Please file two copies with the American Arbitration Association:  
Southeast Case Management Center, 2200 Century Parkway, Suite 300, Atlanta, GA 30345  
800-925-0155