



AMERICAN ARBITRATION ASSOCIATION®

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

Reinsurance Dispute Submission Form

The named parties hereby submit the following dispute to binding arbitration, under the American Arbitration Association/Joint Resolution, LLC procedures for the Resolution of U.S. Reinsurance Disputes.

Nature of Dispute:

Dollar Amount of Claim: \$

Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/Exemplary
Other:

Please file two signed copies along with the filing fee as provided for in the Procedures, to the AAA. Amount of filing fee enclosed with this submission (please refer to the fee schedule in the procedures for the appropriate fee) \$

We agree that we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

Name of Party:		Name of Party:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
Signature (required):		Signature (required):	
Name of Representative:		Name of Representative:	
Name of Firm (if applicable):		Name of Firm (if applicable):	
Address (to be used in connection with this case):		Address (to be used in connection with this case):	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	

Please file two copies with the American Arbitration Association,
Case Filing Services, 120 Broadway, Floor 21 - Intake, New York, NY 10271
(800) 778-7879