American Arbitration Association
Disaster-Related Business Insurance Claims

Claim Referral Form

To refer a potential or existing claim to the American Arbitration Association, please complete information below and forward to the fax number listed at the bottom of this form. We will contact the other party and determine if they are willing to submit the claim to the AAA for resolution.

Procedure Requested:

☐ Telephonic Mediation    ☐ In-Person Mediation
☐ Binding Desk Arbitration (Documents only)
☐ In-Person Binding Arbitration

Your Business Name:_________________________________ Business Type: _______________________________________

Name of Insurer: _______________________________ Total Claim (in dollar amount):$__________________________

Nature of Claim: (attach additional sheet if needed) ___________________________________________________________

If In-Person Option is Selected, please indicate possible site: ___________________________________________________

We agree that, if binding arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award. We agree that, for any process selected, that we will abide by the Supplemental Rules and will endeavor to expedite this process.

________________________________________________
Name of Claimant

_____________________________________________________
Address

City/State/Zip

Phone    Fax

E-mail

Name of Attorney or Representative (if applicable)

Name of firm

Address

City/State/Zip

Telephone    Fax

E-mail

_____________________________________________________
Name of Insured or Insurance Company

_____________________________________________________
Address

City/State/Zip

Phone    Fax

E-mail

Name of Attorney or Representative (if applicable)

Name of firm

Address

City/State/Zip

Telephone    Fax

E-mail

_____________________________________________________
Company we should contact:

_____________________________________________________
Name of Insured or Insurance Company

_____________________________________________________
Address

City/State/Zip

Phone    Fax

E-mail

Name of Attorney or Representative (if applicable)

Name of firm

Address

City/State/Zip

Telephone    Fax

E-mail

_____________________________________________________

Date

Please send a signed copy of this form to the
American Arbitration Association, ATTN: Bob Matlin
225 N. Michigan Avenue, Suite 1840, Chicago, IL 60601
Fax to 312.819.0404 or call 312.616.6560