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 filiing 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: Select...	Zip Code:	State: Select...	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: Select...	Zip Code:	State: Select...	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	

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