## **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 Mediati	
	ration (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	e site:
	by and perform any award rendered hereunder and that a judgment may ted, that we will abide by the Supplemental Rules and will endeavor to
Y COLL	Company we should contact:
Name of <b>Claimant</b>	
Address	-
City/State/Zip	Name of Insured or Insurance Company
Phone Fax	Address
E-mail	City/State/Zip
Name of Attorney or Representative (if applicable)	Phone Fax
Name of firm	E-mail
Address	Name of Attorney or Representative (if applicable)
City/State/Zip	Name of firm
Telephone Fax	Address
E-mail	City/State/Zip
	Telephone Fax

E-mail

Date