



**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:	State	Zip Code	City:	State	Zip Code
Phone No.	Fax No.		Phone 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:	State	Zip Code	City:	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	
Email Address:			Email Address:		