AMERICAN ARBITRATION ASSOCIATION Supplementary Rules for the Resolution of Intra-Industry U.S. Reinsurance and Insurance Disputes

Reinsurance and Insurance Dispute Submission Form

To institute proceedings, please send two copies of this submission, and the dispute resolution provision in the contract (if applicable), along with the proper **filing fee** to the AAA (please see above-entitled rules for proper fee).

			1	
Type of Business : Claimant (Party 1)	□Insurer	□Reinsurer		
Respondent (Party 2)				
The parties jointly agre	e to submit	the underlying	dispute to the	Please indicate level of service

American Arbitration Association for the purpose of selecting the neutral umpire under the AAA's Umpire Selection Procedures.

or

□ The claimant (party 1) unilaterally submits the underlying dispute to the American Arbitration Association for the specific service selected. The claimant acknowledges the presence of a dispute resolution provision named in the parties' contract which specifically includes the AAA's Rules or Procedures. A copy of the provision is enclosed.

Please indicate level of service required:
□List Only
□List with appointment
Complete AAA administration

(Note: the American Arbitration Association cannot proceed upon the unilateral request of one party unless the AAA's Rules or Procedures are specifically named in contract).

Claimant (Party 1)		(Party 2) Respondent			
Address		Address			
City/State/Zip		City/State/Zip			
Telephone	Fax	Telephone Fax			
Name of the Party's Attorn	ey or Representative	Name of the Party's Attorney or Representative			
Address		Address			
City/State/Zip		City/State/Zip			
Telephone	Fax	Telephone Fax			
Signed (may be signed by a re	presentative) Title	Signed (may be signed by a representative) Title			
		copies with the American Arbitration Association Southeast Case Management Center 2200 Century Parkway, Suite 300			
		Atlanta, GA 30345			
		800/925-0155	800/925-0155		