

CICMA/ACDSA INTER-COMPANY ARBITRATION STATEMENT

APPLICANT	<u>RESPONDENT</u>
INSURER	INSURER
ADDRESS	ADDRESS
INSURED	INSURED
FILE NO.	FILE NO.
DATE OF OCCURRENCE	DATE OF OCCURRENCE
LOCATION OF OCCURRENCE	LOCATION OF OCCURRENCE
KIND OF INSURANCE	KIND OF INSURANCE
AMOUNT OF DAMAGES	AMOUNT OF DAMAGES
PRE-ARBITRATION DISCUSSION	PRE-ARBITRATION DISCUSSION
Date	Date
Ву	Ву
By Name of Representative	ByName of Representative
A Representative will attend the hearing	A Representative will attend the hearing
No Yes	No Yes
Name of Representative	Name of Representative
Insurer Contact Name:	Insurer Contact Name:
Telephone:	Telephone:
Email:	Email: RESPONDENT'S ALLEGATIONS
Date	Date
Signature of Authorized Representative	Signature of Authorized Representative
To apply for Arbitration, download the application form and follow these instructions: 1. Arbitration Fee payable by the Applicant:	

• \$200.00 payable to CICMA. Ontario Chapter add HST \$26.00. HST Number 82055 2792 send your cheque to your local Arbitration Chair with a copy of the Applicant's completed section of this form.

• If the Respondent is cross claiming a fee of \$200.00 applies. Ontario Chapter add HST \$226.00 HST Number 82055 2792.

For cases valued between \$5,000 and \$50,000, supply (5) copies of all pertinent documentation to support your case.

• Applicant to send 5 copies to the Respondent.

- The Respondent to complete Application and attach their pertinent documentation and retain 1 copy, send 1 complete set to the Applicant and 3 complete sets to the Chapter's Arbitration chair.
- 3. For cases below \$5,000:

2.

• Applicant to send 1 copy to the Respondent

• The Respondent to complete Application and attach their pertinent documentation and send 1 complete set to the Applicant and 1 complete set to the Chapter's Arbitration chair