CICMA/ACDSA
INTER-COMPANY ARBITRATION STATEMENT

APPLICANT	**RESPONDENT**
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 Date _____ By _____ Name of Representative	PRE-ARBITRATION DISCUSSION Date _____ By _____ Name of Representative
A Representative will attend the hearing No ☐ Yes ☐ _____ _ Name of Representative	A Representative will attend the hearing No ☐ Yes ☐ _____ _ Name of Representative
Insurer Contact Name: Telephone: Email:	Insurer Contact Name: Telephone: Email:
APPLICANT'S ALLEGATIONS Date _____ _____ Signature of Authorized Representative	RESPONDENT'S ALLEGATIONS Date _____ _____ Signature of Authorized Representative

To apply for Arbitration, download the application form and follow these instructions:

1. Arbitration Fee payable by the Applicant:
   - $250.00 payable to CICMA. Ontario Chapter add HST $32.50. 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 $250.00 applies. Ontario Chapter add HST $282.50 HST Number 82055 2792.
2. 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:
   - 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

Note: Documents will be destroyed one year after the hearing.