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 $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.
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.