



**CICMA/ACDSA  
INTER-COMPANY ARBITRATION STATEMENT**

| <u>APPLICANT</u>   | <u>RESPONDENT</u>  |
|--|--|
| INSURER <input style="width:90%;" type="text"/>  | INSURER <input style="width:90%;" type="text"/>  |
| ADDRESS <input style="width:90%;" type="text"/>  | ADDRESS <input style="width:90%;" type="text"/>  |
| INSURED <input style="width:90%;" type="text"/>  | INSURED <input style="width:90%;" type="text"/>  |
| FILE NO. <input style="width:90%;" type="text"/>   | FILE NO. <input style="width:90%;" type="text"/>   |
| DATE OF OCCURRENCE <input style="width:90%;" type="text"/>   | DATE OF OCCURRENCE <input style="width:90%;" type="text"/>   |
| LOCATION OF OCCURRENCE <input style="width:90%;" type="text"/>   | LOCATION OF OCCURRENCE <input style="width:90%;" type="text"/>   |
| KIND OF INSURANCE <input style="width:90%;" type="text"/>  | KIND OF INSURANCE <input style="width:90%;" type="text"/>  |
| AMOUNT OF DAMAGES <input style="width:90%;" type="text"/>  | AMOUNT OF DAMAGES <input style="width:90%;" type="text"/>  |
| PRE-ARBITRATION DISCUSSION<br>Date <input style="width:80%;" type="text"/><br>By <input style="width:90%;" type="text"/><br>Name of Pre-Arbitration Officer  | PRE-ARBITRATION DISCUSSION<br>Date <input style="width:80%;" type="text"/><br>By <input style="width:90%;" type="text"/><br>Name of Pre-Arbitration Officer  |
| A Representative will attend the hearing <input type="checkbox"/> No <input type="checkbox"/> Yes<br><input style="width:90%;" type="text"/><br>Name of Representative   | A Representative will attend the hearing <input type="checkbox"/> No <input type="checkbox"/> Yes<br><input style="width:90%;" type="text"/><br>Name of Representative   |
| Insurer Contact Name: <input style="width:90%;" type="text"/><br>Telephone: <input style="width:90%;" type="text"/><br>Email: <input style="width:90%;" type="text"/>  | Insurer Contact Name: <input style="width:90%;" type="text"/><br>Telephone: <input style="width:90%;" type="text"/><br>Email: <input style="width:90%;" type="text"/>  |
| <b>APPLICANT'S ALLEGATIONS</b>   | <b>RESPONDENT'S ALLEGATIONS</b>  |
| <input style="width:95%; height: 140px;" type="text"/><br>Date <input style="width:80%;" type="text"/><br><input style="width:90%;" type="text"/><br><b>Signature of Authorized Representative</b><br>Email Address: <input style="width:90%;" type="text"/> | <input style="width:95%; height: 140px;" type="text"/><br>Date <input style="width:80%;" type="text"/><br><input style="width:90%;" type="text"/><br><b>Signature of Authorized Representative</b><br>Email Address: <input style="width:90%;" type="text"/> |

**To apply for Arbitration:**

Arbitration Fee payable by the Applicant:

- The Applicant to complete the Applicant section of this form and submit to your local Arbitration Chair along with a cheque in the amount of \$300.00 payable to CICMA. Ontario Chapter add HST \$39.00. HST Number 82055 2792.
- If the Respondent is cross claiming a fee of \$300.00 applies, submit the completed Application along with a cheque to your Local Arbitration Chair. Ontario Chapter add HST \$39.00 HST Number 82055 2792.

1. The Application plus documents are emailed to your Chapter's Arbitration Chair. To locate your Arbitration Chair go to <https://www.cicma.ca/arbitration>

2. **Response is required within 60 days of the Respondent receiving the Application Form.**

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