



**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	
Date <input style="width:80%;" type="text"/>	Date <input style="width:80%;" type="text"/>
By <input style="width:90%;" type="text"/> Name of Pre-Arbitration Officer	By <input style="width:90%;" type="text"/> Name of Pre-Arbitration Officer
A Representative will attend the hearing <input type="checkbox"/> No <input type="checkbox"/> Yes <input style="width:90%;" type="text"/> Name of Representative	A Representative will attend the hearing <input type="checkbox"/> No <input type="checkbox"/> Yes <input style="width:90%;" type="text"/> Name of Representative
Insurer Contact Name: <input style="width:90%;" type="text"/>	Insurer Contact Name: <input style="width:90%;" type="text"/>
Telephone: <input style="width:90%;" type="text"/>	Telephone: <input style="width:90%;" type="text"/>
Email: <input style="width:90%;" type="text"/>	Email: <input style="width:90%;" type="text"/>
APPLICANT'S ALLEGATIONS	RESPONDENT'S ALLEGATIONS
<input style="width:95%; height: 140px;" type="text"/> Date <input style="width:80%;" type="text"/> <input style="width:90%;" type="text"/> Signature of Authorized Representative Email Address: <input style="width:90%;" type="text"/>	<input style="width:95%; height: 140px;" type="text"/> Date <input style="width:80%;" type="text"/> <input style="width:90%;" type="text"/> Signature of Authorized Representative 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 \$250.00 payable to CICMA. Ontario Chapter add HST \$32.50. HST Number 82055 2792.
- If the Respondent is cross claiming a fee of \$250.00 applies, submit the completed Application along with a cheque to your Local Arbitration Chair. Ontario Chapter add HST \$282.50 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 30 days of the Respondent receiving the Application Form.**

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