

INSURANCE DISPUTE RESOLUTION SERVICES OF BRITISH COLUMBIA

REQUEST FOR ARBITRATION UNDER THE SHORTER RULES

PARTY A:	PARTY B:
<i>(Name of Individual or Company)</i>	<i>(Name of Individual or Company)</i>
<i>(Name of Representative if Company)</i>	<i>(Name of Representative if Company)</i>
<i>(Address)</i>	<i>(Address)</i>
<i>(Phone and Fax)</i>	<i>(Phone and Fax)</i>

For additional Parties, please provide the above information on an attached sheet.

1. The Parties jointly request an Arbitration under the Shorter Rules with the IDRSBC.
 Party _____ requests an Arbitration under the Shorter Rules with the IDRSBC.
2. The parties understand that the Arbitrator is an impartial person who determines the final outcome of their dispute.
3. The parties each agree to pay a deposit of \$535 to the IDRSBC and payment is enclosed with this Request for Arbitration under the Shorter Rules. This deposit pays for:

Administration Fee	\$ 300
Deposit for first 4 hours of the Arbitrator's time at \$175.00/ hour	\$ 700
GST	\$ 70
Total	\$1070 = \$535 each

4. The parties each agree to pay one-half of all additional fees and expenses as set out in the attached Fee Schedule.

DATE: _____

PARTY A: _____
(Full Name)
(Signature)

PARTY B: _____
(Full Name)
(Signature)

Please complete and sign this form and forward with the required fees payable to:

**Insurance Dispute Resolution Services of British Columbia
 Suite 1300 – 1095 West Pender Street, Vancouver, BC, V6E 2M6
 Tel: (604) 606-8012 or (604) 606-8014 Fax: (604) 683-7831**