

INSURANCE DISPUTE RESOLUTION SERVICES OF BRITISH COLUMBIA

REQUEST FOR MEDIATION

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

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

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

1. The Parties jointly request a Mediation with the IDRSBC.
 Party _____ requests a Mediation with the IDRSBC.
2. The parties understand that their participation is voluntary.
3. The parties understand that the Mediator is an impartial person who assists the parties to come to a mutually agreeable resolution of their dispute.
4. The parties agree to share all information relevant to the dispute with a view to an efficient resolution of the issues.
5. The parties each agree to pay a deposit of \$ _____ to the IDRSBC, as set out in the attached Fee Schedule, and payment is enclosed with this Request for Mediation form.
6. The parties each agree to pay one-half of any additional fees and expenses, if applicable.

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) 606-8014 Fax: (604) 683-8497**