

# INSURANCE DISPUTE RESOLUTION SERVICES OF BRITISH COLUMBIA

## REQUEST FOR MEDIATION

<b>PARTY #1:</b>
<i>(Name of Individual or Company)</i>
<i>(Name of Representative if Company)</i>
<i>(Address)</i>
<i>(Phone and Fax)</i>

<b>PARTY #2:</b>
<i>(Name of Individual or Company)</i>
<i>(Name of Representative if Company)</i>
<i>(Address)</i>
<i>(Phone and Fax)</i>

<b>PARTY #3:</b>
<i>(Name of Individual or Company)</i>
<i>(Name of Representative if Company)</i>
<i>(Address)</i>
<i>(Phone and Fax)</i>

<b>PARTY #4:</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.

**PLEASE SEE NEXT PAGE**

- 5. The parties agree to pay a deposit of \$ \_\_\_\_\_ each to the IDRSBC, as set out in the attached Fee Schedule, and payment is enclosed with this Request for Mediation form.
- 6. The parties agree to share equally any additional fees and expenses, if applicable.

DATE: \_\_\_\_\_

PARTY #1: \_\_\_\_\_  
(Full Name)

PARTY #2: \_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

PARTY #3: \_\_\_\_\_  
(Full Name)

PARTY #4: \_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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 Fax: (604) 683-7831**