

INSURANCE DISPUTE RESOLUTION SERVICES OF BRITISH COLUMBIA

REQUEST FOR ARBITRATION

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 Arbitration with the IDRSBC.
 Party_____ requests a Arbitration 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. 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**