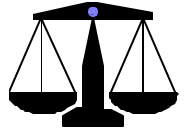


# Arbitration Associates Inc.

## CASE SUBMISSION



11902 Markey Circle ■ Midlothian, Virginia 23112

(804) 763-3600 ■ (800) 639-9393 ■ Facsimile (804) 763-3700

Today's Date	Submitting Party (Your Name)	Case Type:

**PROGRAM REQUESTED: (check all that apply)**

BINDING			NON-BINDING		OTHER
Standard Arbitration	High/Low Arbitration	Documents Only Arb.	Mediation	Settlement Conference	Early Neutral Evaluation

APPLICANT:				RESPONDENT:			
Attorney:				Rep. Name:			
Para/Secy:		File#		Carrier:			
Firm:				Law or Claim #			
Address:				Address:			
			Suite:				Suite:
City:		ST:	Zip:	City:		ST:	Zip:
Phone:				Phone:			
FAX:				FAX:			

DATE OF LOSS:				Attorney:			
Location (City or County/State):				Para/Secy:		File#	
Damages	Liability	Liability & Damages		Firm:			
Suit Filed	Suit Served	Trial Date:		Address:			
Fee Arrangement:							Suite:
Offer/Low : \$		Demand/High: \$		City:		ST:	ZIP:
Location Pref:				Phone:			
				FAX:			

PLAINTIFF/CLAIMANT				DEFENDANT/INSURED			
Panelist Preferences				Panelist Preferences			
Name		Name		Name		Name	
Dates/Time		Dates/Time		Dates/Time		Dates/Time	

**Cases may be FAXED, PHONED, OR MAILED IN.** Include any comments or special instructions here or on a separate attachment. If you have any questions, do not hesitate to call. We look forward to serving you.