

ARBITRATION ASSOCIATES, INC.

COMMERCIAL ARBITRATION DEMAND

To begin the arbitration process, send this form with a copy of the **fully executed contract** requiring arbitration to:

RESPONDENT: _____ **DATE:** _____

Address: _____

City: _____ ST: _____ ZIP: _____ Phone: _____ Fax: _____

Representative/Attorney: _____ Carrier/Firm: _____

Address: _____

City: _____ ST: _____ ZIP: _____ Phone: _____ Fax: _____

Per the executed contract dated _____ requiring arbitration, I/we the named applicant demand arbitration to resolve this dispute:

Location of hearing being requested: _____

We demand \$ _____ plus: interest any additional expenses associated with the arbitration attorneys fees other _____.

Please be advised that copies of our contract requiring arbitration and this demand are being sent to **Arbitration Associates, Inc., 11902 Markey Circle, Midlothian, Virginia 23113, (804) 763-3600**, to schedule a hearing for this matter in dispute. You have ten days to respond in writing upon receipt of hearing notice from Arbitration Associates.

Signed: _____ Title: _____

APPLICANT:

Address: _____

City: _____ ST: _____ ZIP: _____ Phone: _____ Fax: _____

Representative/Attorney: _____ Carrier/Firm: _____

Address: _____

City: _____ ST: _____ ZIP: _____ Phone: _____ Fax: _____