

# ARBITRATION ASSOCIATES, INC.

## COMMERCIAL ARBITRATION DEMAND

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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### APPLICANT:

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Representative/Attorney: \_\_\_\_\_ Carrier/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_