

Association of Insurance & Reinsurance Run-Off Companies

INITIATION OF PROCEEDINGS (FORM 2)

To initiate a proceeding under the AIRROC Dispute Resolution Procedure or Mediation Procedure (the "Procedure"), the parties shall jointly complete this form (attach additional sheets as necessary).

I. Caption: \_\_\_\_\_

II. For Claimant(s):

Name of Claimant(s): \_\_\_\_\_

Business Principal: \_\_\_\_\_

In-House Counsel (if any): \_\_\_\_\_

Outside Counsel (if any): \_\_\_\_\_

III. For Respondent(s):

Name of Respondent(s): \_\_\_\_\_

Business Principal: \_\_\_\_\_

In-House Counsel (if any): \_\_\_\_\_

Outside Counsel (if any): \_\_\_\_\_

IV. List or otherwise identify contract(s) at issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. This form will define the subject matter of the arbitration or mediation. It is therefore required that the parties stipulate below to the claim(s) and any counterclaim(s) to be arbitrated/mediated.

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VI. State amount sought in respect of each claim and any counterclaim, excluding interest (approximate where specific amount is not known):

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VII. Are the parties requesting AIRROC to administer arbitrator/mediator selection in accordance with Section III of the Procedure?  Yes  No

If yes, should AIRROC select prospective arbitrators/mediators from (select one):

AIRROC's entire list of Arbitrators

Only ARIAS-certified arbitrators that are on AIRROC's List

AIRROC's entire list of Mediators

Only ARIAS-certified mediators that are on AIRROC's List

VIII. The Procedure provides for no motions or applications for discovery, unless the parties agree otherwise. Identify any discovery motions or applications that the parties agree should be resolved by the arbitrator:

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IX. Identify any other stipulations the parties have made about discovery, relief sought, role of counsel, arbitration procedure, or necessity and scope of hearing:

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By signing this form, the parties agree to arbitration or mediation conducted pursuant to the Procedure.

**STIPULATED AND AGREED BY AND BETWEEN:**

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Signature for Claimant(s)

Name:

Date:

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Signature for Respondent(s)

Name:

Date: