

American Arbitration Association

SUBMISSION TO DISPUTE RESOLUTION

The named parties hereby submit the following dispute for resolution, under the rules of the American Arbitration Association:

Rules Selected: Commercial Construction
 Other _____

(describe)

Procedure Selected: Binding Arbitration Mediation
 Other _____

(describe)

Nature of Dispute (attach additional sheets if necessary):

Amount of Monetary Claim or Nature of Non-Monetary Claim:

Type of Business: Claimant _____ Respondent _____

Place of Hearing _____

We agree that, if arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

To be completed and signed by all parties
(attach additional sheets if necessary, please remember to obtain signatures)

Name of Party

Address

City, State and Zip Code

(____) _____
Telephone Fax

Name of the Party's Attorney or Representative

Name of Firm (if applicable)

Address

City, State and Zip Code

(____) _____
Telephone Fax

Signed† (may be signed by a representative) Title

Date: _____

Name of Party

Address

City, State and Zip Code

(____) _____
Telephone Fax

Name of the Party's Attorney or Representative

Name of Firm (if applicable)

Address

City, State and Zip Code

(____) _____
Telephone Fax

Signed† (may be signed by a representative) Title

Date: _____

*Please file two signed copies and the non-refundable filing fee with the AAA.
For additional information, please visit our Web site at www.adr.org*

† Signatures of all parties are required.