

PHILLIPPA ROSS & CO.

Reinsurance Consultancy and Reviews

REQUEST FOR MEDIATION

APPLICATION FORM

Please complete this three page form and return it to Mrs Phillippa Rowe, Senior Partner, Phillippa Ross & Co. at the address below together with the necessary payment, payable to Phillippa Ross & Co.

1. FIRST PARTY TO THE DISPUTE:

Name -

Company -

Address -

Post Code

Tel No -

Fax No -

e-mail -

Names and positions of individual(s) expected to attend the mediation

Nature of party's business

2. SECOND PARTY TO THE DISPUTE:

(If there are more than two parties, please give the same details of the other parties on a separate sheet.)

Name -

Company -

Address -

Post Code

Tel No -

Fax No -

e-mail -

Names and positions of individual(s) expected to attend the mediation

Nature of party's Business

3. Have both/all parties agreed that the dispute should be mediated?

YES/NO

4. NATURE OF DISPUTE

4.1 Approximate value in dispute - £

4.2 Brief description of the matters in dispute -

If space here does not allow, please attach a brief description of the dispute as agreed by the parties on a separate sheet. Please also attach any additional papers for the mediator, if necessary.

5. What is your preferred location for Mediation Session(s) -

6. Do you wish us to arrange premises and other facilities for the Mediation Session(s)? YES/NO

7. Expected duration of mediation (days) - _____

8. If we are unable, for any reason, to act as Mediator in this dispute would you like us to refer this request to the Academy of Experts for them either
8.1 to appoint a suitable Mediator from their Register of Qualified Dispute Resolvers? YES/NO
or 8.2 to provide you with a list of three suitable names from that Register for you to select and appoint a Mediator? YES/NO

(Please note that the Academy imposes a scale charge for this service depending on the amounts in dispute.)

DECLARATION

I/We hereby request that Mrs Phillippa Rowe of Phillippa Ross & Co. acts as Mediator to assist in the resolution of the dispute outlined above.

I/We have read the Mediator's Standard Terms and Conditions for Mediation/ADR services provided and agree to be bound by them.

I/We enclose the advance fee and deposit required by the Mediator (*Cheques made payable to "Phillippa Ross & Co."*), and understand that no Mediation can commence until payment has been received by the Mediator.

If there are more than two parties please ensure that all parties sign the declaration.

Signed - (1) _____ Date _____

- (2) _____ Date _____