

(To be completed by the policyholder)

## Application to Automobile Insurance Dispute Resolution Committee (Form 1)



Automobile Insurance Dispute Resolution Committee

|                   |  |
|-------------------|--|
| Insurance Company |  |
| Policy Number     |  |
| File Number       |  |

|  |                                   |                      |                |             |
|--|-----------------------------------|----------------------|----------------|-------------|
| <b>Part 1<br/>Personal Information</b> | Last Name                         | First Name           | Middle Name(s) |             |
|  | Address                           |                      |                |             |
|  | City                              |                      | Province       | Postal Code |
|  | Telephone Number (Home) Area Code | Fax Number Area Code | E-Mail         |             |

|                                 |   |
|---------------------------------|---|
| <b>Part 2<br/>GIO Mediation</b> | GIO Claim Number  |
|                                 | This number will be provided to the General Insurance OmbudService (GIO) to confirm that their mediator considered your complaint and issued a final report within the last 30 days (step 2 of the dispute resolution process). |

|                                   |   |
|-----------------------------------|---|
| <b>Part 3<br/>Dispute Details</b> | My dispute is about:<br><input type="checkbox"/> Adverse contractual action<br><input type="checkbox"/> Calculation of basic premium for private passenger vehicle coverage?<br><input type="checkbox"/> Other (please describe)  |
|                                   | I understand the Committee will investigate whether a further settlement effort is appropriate before making a decision.<br><br>I have attached the following with this application:<br><input type="checkbox"/> A description and nature of the dispute<br><input type="checkbox"/> Supporting documentation<br><input type="checkbox"/> Copy of the policy<br><input type="checkbox"/> Other: |

|  |   |
|--|---|
| <b>Part 4<br/>Terms of Arbitration</b> | If the dispute goes to arbitration, I understand that I may be liable for all or part of the costs if the arbitrator is satisfied that my claim is obviously without merit or I have conducted myself in an inappropriate manner. |
|  | Signature _____ Date _____  |

|  |   |
|--|---|
| <b>Part 5<br/>Certification and consent to share information</b> | I certify that the information provided is true and correct to the best of my knowledge.  |
|  | I authorize the Automobile Insurance Dispute Resolution Committee to confirm with GIO that I have participated in step two of the dispute resolution process and collect additional information about me from my insurance company, whose name appears on this form, and/or my broker as necessary to resolve this dispute.   |
|  | If this dispute goes to arbitration, I authorize the Automobile Insurance Dispute Resolution Committee to disclose my personal information to the arbitrator as necessary to resolve the dispute in compliance with the <i>Arbitration Procedure Rules</i> and the <i>Arbitration Act</i> .<br><br>Signature _____ Date _____ |

**Part 6  
Notice of  
Collection  
and  
Publication  
of  
Information**

The personal information that you provide on this form and any attachments will be used for the purpose of seeking a settlement of the dispute described above. It is collected under the authority of the Alberta Insurance Act, Part 3 of the Insurance Premiums Regulation, Fair Practices Regulation and section 33(c) of the Freedom of Information and Protection Privacy Act (RSA 2000). It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please call the AIDR at (780) 427-5428.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Committee Use Only**

**Administrator**

**Date Received**

**Send this form to:**

**Automobile Insurance Dispute Resolution  
Committee  
Room 200 Terrace Building  
9515 – 107 Street  
Edmonton, Alberta, T5K 2C3  
Fax (780) 644-7771  
Phone (780) 427-5428  
E-mail: aidr@gov.ab.ca**