



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Dispute
Resolution
Services

Reply by the Applicant for Arbitration Form G

Arbitration file number

Use this form to reply to any **point** made by the insurance company in its *Response* to your *Application for Arbitration*. You **must** reply to any **new** issues raised by the insurance company in their *Response*. If no new issues are raised by the insurance company, this *Reply* is optional. You must serve a copy of the *Reply* on the Insurance Company **within 10 days of your receipt of the *Response by the Insurer*** to your Application. You must also file the *Reply* and a *Statement of Service* with the Commission.

Personal information requested on this form is collected under the authority of the *Insurance Act*, R.S.O. 1990, c. I.8, as amended. This information, including documents submitted with this form, will be used in the dispute resolution process for accident benefits. This information will be available to all parties to the proceeding. Any questions about this collection of information may be directed to the Director of Arbitrations, Dispute Resolution Services, FSCO.

APPLICANT

<input type="checkbox"/> Mr.	Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

LEGAL REPRESENTATIVE

If your representative has changed since you applied for Arbitration, give details of your new representative.

<input type="checkbox"/> Mr.	Last name	First name	File reference number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Title	Firm name		
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Phone number	Ext.	Fax number	Email address (required)
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The representative is:

<input type="checkbox"/> Lawyer	Law Society licence number	_____
<input type="checkbox"/> Licensed paralegal	Law Society licence number	_____
<input type="checkbox"/> Not required to be licensed		
Specify the type of exemption from the list of exemptions recognized in the Law Society 's by-laws		

INSURANCE COMPANY

Company name

REPLY

Please reply to the insurance company's position on the issues in dispute. *Attach extra sheets if necessary.*

Extra sheets attached

SIGNATURE

I certify that all information in this Reply and attachments is true and complete. I realize that copies of all information filed with this Reply will be given to the other party in this dispute.

<input type="checkbox"/> Applicant	Name (please print)	Signature	Date (yyyy/mm/dd)
<input type="checkbox"/> Representative			