



# Moving Authority Household Goods Arbitration Program

## Demand for Arbitration Form Page 2 of 3

**Notice to Arbitrator:** The parties named herein agree that the dispute being submitted was not previously settled and are agreeing that the case be submitted to final and binding Arbitration administered by NAM (National Arbitration and Mediation). The Arbitrator will be selected by NAM from its panel of Arbitrators according to the rules set forth by Moving Authority Household Goods Arbitration Rules and Procedures (the Arb Rules). It is understood that this dispute will be arbitrated under the jurisdictional requirements of the Arb Rules.

**Arbitration Fees and Procedures:** The administrative fees to initiate the Arbitration between the parties are shared between the 2 (two) parties involved unless the parties agree mutually that the fees are to be split otherwise. The Arbitrator may apportion the administrative fees differently as part of the final determination.

Claim Amount	Total Administrative Fee & Breakout of such fee between Shipper & Carrier
\$10,000 or less	\$625: \$290 from Shipper; \$335 from Carrier
Over \$10,000 up to \$20,000	\$675: \$315 from Shipper; \$360 from Carrier
Over \$20,000 up to \$30,000	\$725: \$340 from Shipper; \$385 from Carrier
Over \$30,000 up to \$40,000	\$775: \$365 from Shipper; \$410 from Carrier
Over \$40,000 up to \$50,000	\$825: \$390 from Shipper; \$435 from Carrier
Over \$50,000	\$825 plus 1% of the amount over \$50,000: \$390 plus 1/2 of 1% of the amount over \$50,000 from Shipper; \$435 plus 1/2 of 1% of the amount over \$50,000 from Carrier

The parties named herein agree to submit this dispute to Arbitration under the rules established by Moving Authority for Household Goods Arbitrations. Both parties agree to abide by any award or order rendered under this Arbitration and that a final judgment may be entered on the award in any federal or state court having jurisdiction.

Shipper/Claimant Name:	Signature	Date
Carrier Name:	Signature	Date

**This form is to be submitted with the accompanying questionnaire and all documentation supporting the disputed claim.**

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## Request for Oral Hearing

Most cases submitted for Arbitration are determined based upon written submissions to the Arbitrator. However, if you believe that your case consists of special circumstances which are unable to be properly presented in writing, Moving Authority Household Goods Arbitration Program provides an option for an Oral Hearing.

Under the program's rules, both parties must mutually agree to participate in the Oral Hearing. Oral Hearings are not mandatory under any circumstance and therefore the Carrier must also agree to participate in the Oral Hearing before the Arbitration process can begin.

If an Oral Hearing is being requested, the Shipper/Claimant must submit this page of the Demand for Arbitration form along with the initial Demand for Arbitration. If the Carrier does not agree to participate in the Oral Hearing, the Carrier must submit this page of the Demand for Arbitration form with their initial response and the Arbitration will proceed based upon the written documentation alone.

All Requests for Oral Hearing Forms must be accompanied by the additional Oral Hearing Administrative Fee. The administrative fee that is in addition to the initial filing fee, for each party for an Oral Hearing shall be as follows:

Claim Amount	Administrative Fee Per Session Per Party
\$10,000 or Less	\$300
Over \$10,000 up to \$50,000	\$400
Over \$50,000 up to \$100,000	\$500
Over \$100,000	\$650

A Sixty (60) minute session is scheduled for cases in which the amount in controversy is \$10,000 or less. A one hundred twenty (120) minute session is scheduled for cases in which the amount in controversy is over \$10,000 and up to \$50,000. A one hundred eighty (180) minute session is scheduled for cases in which the amount in controversy is more than \$50,000.

If either party would like to participate in an Oral Hearing, please select that option below and return this form with the initial filing or response to:

NAM - National Arbitration and Mediation at: 990 Stewart Ave, 1st Floor, Garden City, NY 11530 Attn: Commercial Department

<input type="checkbox"/>	I do NOT wish to participate in an Oral Hearing
<input type="checkbox"/>	I DO wish to request an Oral Hearing

\_\_\_\_\_  
Shipper /Claimant Name

\_\_\_\_\_  
Shipper/Claimant Signature

\_\_\_\_\_  
Date

Carrier Oral Hearing Response:

<input type="checkbox"/>	We do NOT wish to participate in an Oral Hearing
<input type="checkbox"/>	We DO wish to request an Oral Hearing

\_\_\_\_\_  
Carrier Representative Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date