

**'FORM A' – Dispute Resolution**

*(Complete as required. Fax to: 604-293-2274 Att: Linda Haeber or scan and email lhaeber@onside.ca)*

**Project #:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Information**

**phone#:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_ **Date of response:** \_\_\_\_\_

**Nature of dispute:**

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**Client's arguments:**

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**Client's proposed resolution:**

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**Company's position/reasoning:**

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**'FORM A' – Dispute Resolution (continued)**

**Company's proposed resolution:**

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**List of attachments:**

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Number of pages being sent back: \_\_\_\_\_