

**CI Arb Canada Inc. New Arbitrator Program
Established Arbitrator Application**
(Please send this completed Application to info@ciarbcanada.org)

Name: _____

Business Address: _____

Business Phone Number: _____

Email: _____

I am applying to participate in the Shadow Model.

I certify that I have read and agree to be bound by the CI Arb Canada New Arbitrator Program General Principles for Proceedings Conducted under the New Arbitrator Program, and the Shadow Agreement.

Yes No I am a Fellow of the Chartered Institute of Arbitrators in good standing.

Yes No Alternatively, I have another equivalent designation.
 Explain:

Yes No I have conducted at least three full arbitration proceedings from
 commencement to delivery of a final award and have written, or
participated in writing, a minimum of three final awards.

Yes No I have professional liability insurance that covers my activities as an
 arbitrator.

Please check all that apply:

I have experience in:

- Domestic commercial arbitrations
- International commercial arbitrations
- Ad hoc* commercial arbitrations

- Commercial arbitrations conducted under institutional rules

My areas of expertise include:

Date

Signature of Established Arbitrator applicant