

# SITCOMM ARBITRATION APPLICATION



Please provide the following information, remember please be as detailed as possible, failure to fill out a particular field may invalidate the process, this application, and the arbitration award. Please do not add in and/or change and/or alter this application, as doing so will constitute a breach of this agreement, and stripping any rights and/or elections you may or may not have had prior to the completion of this form.

Please also keep in mind that the SITCOMM ARBITRATION ASSOCIATION is a private organization with the sole responsibility of helping to mediate and/or bring about a peaceful resolution to disagreements and conflicts respecting contracts that include an arbitration clause. That the parties to the contract will have had to have agreed to the arbitration prior to the commencement of the arbitrating proceedings. That arbitration proceedings may be had electronically so as to decrease the inconvenience of the parties, and have had electronically the parties will have to submit their documentation through secured e-mail electronic portal, which shall be provided at the time of payment is received for the services.

We thank you in advance....

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## Applicants Full Name

First Name

Last Name

## Applicants Address

Street Address

Address Line 2

City

State

Postal Code / Zip Code

Country

E-mail

Phone Number

## Contract Information

Date of Contract

Contract NUMBER

Please select the type of registration you would like

- ☒ Breach of Agreement
- ☒ Agreement included an Arbitration clause
- ☒ Parties have agreed to SAA appointment
- ☒ matter involves less than 5 parties
- ☐ Matter involves more than 5 parties
- ☐ Other (special circumstances)

Claim(s) Describe issue to be arbitrated - please list as many details regarding the parties below

Please indicate the page number where the arbitration where the parties are in agreement with SAA

Article 6.2 (pg. 36-37)

Please indicate the page number where the arbitration clause may be found in the agreement

Art. 5.1 (pg.34), Art. 5.3 (pg.35) and Art.6.2 (pg.36)

## OPPOSING Party's Full Name

Opposing Party's Name 1

CITY OF LOVELAND, in care of Stephen C. Adams, City Manager

Date notified

04/20/2020

Street Address

c/o 500 E. 3rd. street, suite 330

City

Loveland

State

CO

Postal Code / Zip Code

80537

## Additional OPPOSING Party's Full Name

Opposing Party's Name 2

Date notified

Street Address

City

State



Postal Code / Zip Code

By presenting this application is agreed by all parties that the SITCOMM ARBITRATION ASSOCIATION, SAA shall be the sole arbitrating organization assigned to this matter. That the parties have agreed to the SAA rendering an impartial decision based on the terms of the contract and the evidence presented at the time of arbitration. The parties agree to forever hold harmless the SAA and any of its arbitrators and/or associated organizations, and agreed that the decision made by the SAA and/or its arbitrator shall be final and binding upon all parties, consistent with the policies, procedures and terms associated with the SAA.

Amount of Claim as indicated in contract Punitive \$ 201,971,880.00

Also please indicate the page number where this amount may be found, if more than one page within the contract, please indicate such:

Art. 3.7 (pg.8-9) and Art. 5.3 (pg.35)

Please indicate the breach of agreement additional amount as indicated in the contract-  
Impose Punitive Damages at the Rate of 10 Time

Also please indicate the page number where this amount may be found, if more than one page within the contract, please indicate such:

Art. 3.7 (pg.9)

Electronic Signature: s/:

By: \_TYPE