



Request for Automobile Arbitration

Arbitration Case# (Office use only) _____

Claimant's Name: _____

Claimant's Address: _____

Claimant's Phone #: _____ Claimant's Email: _____

How is the Claimant involved in the accident (select all that apply) Driver Owner Passenger Pedestrian

Respondent's Name: _____ Respondent's NAIC# _ _ _ _ _

Respondent's Address: _____

Name of Adjuster: _____ Email/Phone: _____

Name the Policyholder (pertains to the policy whom this claim is against): _____

Policyholder's Address: _____

Issuance State of Policy Under Which Claim is Being Made? _____

Whom is this Filing Against: My own policy Respondent's Insured Third-Party,

Explain: _____

Owner's Name of the Vehicle Involved: _____ Phone: _____

Owner's Address: _____

Claim# in Dispute: _____ Policy # in Dispute: _____

Date of Loss/Accident: _____ Intersection/Location: _____

Provide a brief summary of your complaint and how the loss occurred. *If needed attach a secondary page.*

The Complaint for which you are asking the panel to rule on involves (**check all that apply**):

Physical Damage	Loss of Use	Personal Injury Protections (PIP)
Medical	Lost Wages	Death Benefits

If a settlement has been offered, how much was it? \$ _____

***Amount of Damage you are asking for: (must indicate amounts)**

Physical Damage \$	Lost Wages \$
Medical \$	Death Benefits \$
Loss of Use \$	Substitute \$
Percentage of negligence _____%	Other, Explain \$

Who will represent you at the hearing: **Self** **Attorney**

If an attorney, Name: _____ Email: _____
Law Firm: _____ Phone: _____
Co-Counsel Name: _____ Email: _____

Witnesses: Controverting parties may present witnesses on their behalf provided due notice is given. If you wish to present witnesses; list name, address and telephone number on a separate sheet; submit (1) copy attached to your initial filing. Witnesses not listed will not be admitted.

Under Delaware Law, any person who knowingly, and with intent to injure, defraud, or deceive any insurer who files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

Your Signature

Today's Date

IMPORTANT * The petition will not be accepted without the filing fee included. It is necessary that you submit 1 hard copy of all documentation to support your claim prior to the hearing and a copy of the same be provided to the opposing party via certified mail with return receipt requested or verified hand delivery to the Insurer's place of business.

Return one (1) hard copy to:
Delaware Department of Insurance
Attn: Arbitration
1351 W. North Street, Suite 101
Dover, DE 19904

DO NOT EMAIL SUBMISSIONS OF INITIAL FILINGS