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 **Automobile Arbitration Respondent’s Answer**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name |       | Arbitration Case #(Office Use only) |       |
| Name of Respondent Company |       |
| Address |       |
| Email Address |       |
| Respondent’s Policyholder |       |
| Address |       |
|  |       |
| Policy # |       | Claim # |       |
| Representative |       | Phone # |       |
| Adjuster’s License # |       | Respondent Company NAIC # |       |
| Do you admit coverage? | [ ]  yes [ ]  no | Do you admit liability? | [ ]  yes [ ]  no |
| Has settlement been attempted? | [ ]  yes [ ]  no |  |  |
| Has an offer been made? | [ ]  yes [ ]  no |  |  |
| If offer has been made, indicate the amount: |       | Damage to Auto |
|  |       | Loss of Use |
|  |       | Payment Under PIP |
| Who will represent your company at the hearing? |       Email: |
| Should a Co-Respondent be named; if so, identify: | [ ]  yes [ ]  no |  |
| Name |       |
| Address |       |
| Insurance Company |       |
| State your answer to the complaint filed by the applicant |       |
|       |
|       |

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

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 Signature – Respondent’s Representative Date

Return one (1) copy to: Delaware Insurance Department

 1351 West North St., Ste. 101, Dover, DE 19904

Note: You must forward a copy of all documentation to be used at the hearing to the opposing party

at least 5 business days prior to hearing date (Regulation 901, Section 10.4).