

**Homeowner Arbitration Respondent’s Answer**

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| --- | --- | --- | --- |
| Applicant’s Name |       | Arbitration Case #(Office Use Only) |       |
| Name of Respondent Company |       |
| Address |       |
| Email Address |       |
| Respondent’s Policyholder |       |
|  Policyholder Address |       |
|  |       |
|  Claim #  |       |  | Policy #  |       |
| Representative |       | Phone # |       |
| Respondent Company NAIC # |       | Adjuster’s License # |       |
|  |  |
|  |  |
| Do you admit coverage? | [ ]  yes [ ]  no | Has settlement been attempted? | [ ]  yes [ ]  no |
| Has an offer been made?  | [ ]  yes [ ]  no | If so, indicate the amount | $       |
| Who will represent your company at the hearing? |        |
| Address |       |
| Email Address |       |
| State your answer to the complaint filed by the applicant(If needed, attach separate sheet.) |       |
|            |
|            |

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 Representive 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).