****

**Request for Homeowners’ Arbitration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | Arbitration Case #  (Office Use Only) | | | |  | |
| Address |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Home Phone # |  | | | | Work Phone # | | | |  | | | |
| Name of Insurance Company against which you are making a claim |  | | | | | | | | | NAIC# | |  |
| Insurance Company Address |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Name of Adjuster |  | | | | | | | | | | | |
| Claim # |  | | |  | | Policy # | | |  | | | |
| Date of Damage |  | | | | | | | | | | | |
| Describe how the damage occurred  (If needed, attach separate sheet.) |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***IMPORTANT* \* The petition will not be accepted without the filing fee included. It is necessary that you submit 4 copies of all documentation to support your claim prior to the hearing. You are required to submit one copy to the opposing party at least 5 days prior to the hearing.** | | | | | | | | | | | | |
| Amount of damage you are asking for? | | | $ | | | | |  | | | | |
| If settlement has been offered, how much was it?  (You must indicate) | | | $ | | | | |  | | | | |
| Who will represent you at the hearing? | | Self  Attorney | | | | (name) | | | | | | |

Attorney’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: 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 (4) copies (one used for interoffice and three used for the Panel members) and attach to this form. 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 Date

Return four (4) copies to: Insurance Commissioner, Delaware Insurance Department

1351 West North Street, Suite 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).**