

TRINIDAD NAVARRO
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

Request for Homeowners' Arbitration

Arbitration Case# (Office use only) _____

Name: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Name of Insurance Company against which you are making a claim: _____

Insurance Company Address: _____

Insurer 5 digit NAIC #: _____

Name of Adjuster: _____

Claim #: _____ Policy #: _____ Date of Damage: _____

Describe how the damage occurred (If needed, attach a separate sheet):

Amount of damage you are asking for: \$ _____

Has the insurer offered a settlement? ___ YES ___ NO

If yes, how much was offered? \$ _____

Who will represent you at the hearing? ___ Self ___ Attorney

Attorney's name: _____

Attorney's address: _____

Attorney's phone: _____

***** IMPORTANT *****

The petition will not be accepted without the filing fee included.

Please refer to the "How to File for Homeowners' Arbitration" located at <https://insurance.delaware.gov/services/arbitration/>.

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 one (1) copy to: Delaware Insurance Department
1351 West North St., Suite 101
Dover, DE 19904

Note: A copy of the completed petition including all exhibits must also be sent to the Respondent or their representative.