



AUTOMOBILE ARBITRATION - RESPONDENT'S ANSWER

ARB Case # (Office Use Only) _____

Complainant's Name: _____

Name of Respondent Company: _____

Address: _____

Respondent's Email Address: _____

Respondent's Policyholder: _____

Policyholder Address: _____

Policy # _____

Claim # _____

Representative Handling Claim: _____ Phone # _____

Adjuster's License # _____

Respondent Company NAIC # _____

Did you admit coverage? Yes No

Did you admit liability? Yes No

Has settlement been attempted? Yes No

Has an offer been made? Yes No

If so, indicate the amount: _____ Damage to Auto

_____ Loss of Use

_____ Payment Under PIP

Who will represent the company at the hearing? _____

Email: _____

State your answer to the Petition filed by the Complainant (If needed, attach a 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.

Signature – Respondent's Representative

Date

Return one (1) copy to the Delaware Department of Insurance at the address below.

Note: Pursuant to Regulation 901, the responding insurer must submit a response to the Petition within 20 business days of receipt of the Petition. All documentation to be considered at the hearing must be provided **at least** 5 business days prior to the hearing date.