



**HOMEOWNERS' 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 # \_\_\_\_\_

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 the company at the hearing? \_\_\_\_\_

Address: \_\_\_\_\_

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.