

**Homeowner Arbitration Respondent’s Answer**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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).