Automobile Mediation Request Form

YOUR NAME:		
Address:		
Phone Number:		
E-mail Address:		
FULL NAME OF YOUR INSURANCE COMPANY:		
Named Insured:		
Address: (if different from above)		
Phone Number: (if different from above)		
Email Address: (if different from above)		
Claim Number:		Policy Number:
Is the Problem Rela	ted To:	Property Damage Personal Injury (must be \$10,000 or less)
Type of Dispute:		Unsatisfactory Settlement Offer Other
BRIEF STATEME	NT OF T	ΓΗΕ PROBLEM (including amount disputed): (Attach additional sheet if necessary)
You are entitled to mediation in accordance with section 627.745, Florida Statutes, for any claim with bodily injury in an amount of \$10,000 or less or any claim for property damage in any amount, arising out of ownership, operation, use or maintenance of a motor vehicle before a lawsuit has been filed.		
Your Dispute may qualify for mediation if: The claim involves damages to property in any amount, or The claim involves bodily injury damages in an amount of \$10,000 or less, And The claim has <u>not</u> been settled, And No form or release has been signed with or for the insurance company, And The claim is not involved in litigation.		
<u>Mediation Fee:</u> The costs of mediation are \$200, and you and the insurance company shall each pay \$100. The mediation fee must be paid in the form of a certified check, money order or insurance company check made payable to the Department of Financial Services. Participation in mediation is voluntary. Once the insurance company agrees to participate in mediation, you will be notified to submit the mediation fee.		
Complete this form and re	eturn it to:	Department of Financial Services Division of Consumer Services Alternative Dispute Resolution Section 200 E. Gaines Street Tallahassee, Florida 32399-4212 Mediation@MyFloridaCFO.com Eav: 950 499 6372