



**DEPARTMENT OF FINANCIAL SERVICES**

***Division of Consumer Services – Alternative Dispute Resolution Section***

**Request for Commercial Residential Insurance Mediation**

Name of Insured:	
Are you a(n): (Select one)	<input type="checkbox"/> Homeowner’s Association <input type="checkbox"/> Condominium Association <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Other Corporation
Address of Insured Property:	
Name of Authorized Representative:	
Phone Number:	E-mail Address:

ARE YOU REPRESENTED BY A PUBLIC ADJUSTER?    Yes        No   

(if yes, please provide a copy of the contract to the mediator prior to the mediation conference)

Name:	
Address:	
Phone Number:	E-mail Address:

ARE YOU REPRESENTED BY AN ATTORNEY?    Yes        No   

(if yes, please provide a copy of the letter of representation to the mediator prior to the mediation conference)

Name:	
Address:	
Phone Number:	E-mail Address:

FULL NAME OF YOUR INSURANCE COMPANY:

Policy Number:	Claim Number:
Type of Dispute: (check all that apply)	<input type="checkbox"/> Unsatisfactory Settlement Offer <input type="checkbox"/> Cause of Loss <input type="checkbox"/> Scope of Damages <input type="checkbox"/> Scope of Repair

BRIEF STATEMENT OF THE PROBLEM (including amount disputed): (Attach additional sheet if necessary)

You are entitled to mediation pursuant to 627.7015, Florida Statutes, which sets forth a mediation procedure promoted by the critical need for effective, fair, and timely, handling of personal residential property insurance claims for property insured by a personal residential insurance policy. The Residential Insurance Mediation Program is available to those insureds, as first party claimants, who have personal residential claims resulting from damage to property located in Florida. The Residential Insurance Mediation Program does NOT apply to commercial insurance, private passenger motor vehicle insurance, liability coverage in property insurance policies or National Flood Insurance Program flood policies.

Complete this form and return 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](mailto:Mediation@MyFloridaCFO.com)**