

DEPARTMENT OF FINANCIAL SERVICES Division of Consumer Services – Alternative Dispute Resolution Section

Request for Personal Residential Insurance Mediation

1. Your Name:		
Address of Insured Property:		
Phone Number:	E-mail Address:	
Mailing Address (if different):		
2. ARE YOU REPRESENTED BY A PUE	BLIC 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:	
3. ARE YOU REPRESENTED BY AN AT	TTORNEY? Yes No	
(if yes, please provide a copy of the letter of rep	presentation to the mediator prior to the mediation conference)	
Name:		
Address:		
Phone Number:	E-mail Address:	
FULL NAME OF YOUR INSURANCE C	OMPANY:	
Policy Number:	Claim Number:	
Type of Dispute:	Unsatisfactory Settlement Offer Cause of Loss	
(check all that apply)	Scope of Damages Scope of Repair	
BRIEF STATEMENT OF THE PROBLE	M (including amount disputed): (Attach additional sheet if necessary)	
fair, and timely, handling of personal residential prop Residential Insurance Mediation Program is availabl damage to property located in Florida. The Resident	Florida Statutes, which sets forth a mediation procedure promoted by the critical need for perty insurance claims for property insured by a personal residential insurance policy. The e to those insureds, as first party claimants, who have personal residential claims resultin tial Insurance Mediation Program does NOT apply to commercial insurance, private pass ty insurance policies or National Flood Insurance Program flood policies.	e g from
D A 20 Ti	epartment of Financial Services ivision of Consumer Services lternative Dispute Resolution Unit 00 E. Gaines Street allahassee, Florida 32399-4212 <u>lediation@MyFloridaCFO.com</u> ax 850-488-6372	