



DEPARTMENT OF FINANCIAL SERVICES

Division of Consumer Services

REQUEST FOR MEDIATION

To be completed by applicant and returned to the address indicated below.

1. YOUR NAME:	
Address:	
Phone Number:	() -
Claim Number:	Policy Number:

2. OTHER PERSON OR COMPANY: (Attach additional sheet if necessary)	
Name:	
Address:	
Phone Number:	() -

3. IS THE PROBLEM:	<input type="checkbox"/> Property Damage or <input type="checkbox"/> Personal Injury [must be \$10,000 or less]
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4. ARE YOU REQUESTING OUR HELP BECAUSE OF	<input type="checkbox"/> Unsatisfactory Settlement offer or <input type="checkbox"/> Other
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5. BRIEF STATEMENT OF THE PROBLEM (including amount disputed): (Attach additional sheet if necessary)

SIGNATURE:	DATE:
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IMPORTANT NOTICE

You are entitled to mediation for “claims arising out of ownership, operation, use, or maintenance of a motor vehicle.”

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 not been settled, AND
- ?? No form of release has been signed with, or for, the insurance company, AND
- ?? The claim is not in court.

Complete this form and return it to: **DEPARTMENT OF FINANCIAL SERVICES**
Bureau of Consumer Assistance
Post Office Box 6100
Tallahassee, Florida 32314-6100

TYCL FT
1300 F

FEE FOR MEDIATION. PLEASE ENCLOSE \$100 WITH THIS REQUEST. THE OTHER PARTY WILL BE INVOICED \$100. PAYMENT MUST BE MADE BY CERTIFIED CHECK, MONEY ORDER, OR INSURANCE COMPANY CHECK OR DRAFT.

After a mediator is assigned, you and the other party will be notified. You may reject one mediator. The other party may reject one mediator. If the assigned mediator is not acceptable to you, you must notify the Department. A mediator is not a source of legal advice. A personal injury claim may be difficult to properly evaluate. Applicants are advised to seek legal advice before filing a request for mediation.

Insurance company code number:			
	<u>First</u>	<u>Second</u>	<u>Third</u>
Date Mediator Assigned:			
Mediator Name			
Social Security Number:			

FOR USE BY MEDIATOR ONLY - Complete and return to the address on the front of this form.

Type of insurance coverage:

<input type="checkbox"/> Property Damage Liability	<input type="checkbox"/> Collision	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Bodily Injury Liability [must be \$10,000 or less]	<input type="checkbox"/> Personal Injury Protection [must be \$10,000 or less]
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A mediation conference was held:	A mediation conference was not held:
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Date:	Time:	<input type="checkbox"/> Not eligible for mediation
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<input type="checkbox"/> Telephone	<input type="checkbox"/> Face-to-Face	Reason:
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Location:

<input type="checkbox"/> Already Settled	<input type="checkbox"/> One party did not show	Which one?
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Resolution:	<input type="checkbox"/> Settled in mediation	<input type="checkbox"/> Not settled in mediation	Amount of settlement	Why?
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Department of Financial Services
 Bureau of Consumer Assistance
 200 East Gaines Street
 Tallahassee, Florida 32399-0322
