



**ALEX SINK**  
**CHIEF FINANCIAL OFFICER**  
**STATE OF FLORIDA**

Florida Department of Financial Services

## NEUTRAL EVALUATOR'S REPORT

### Disposition of Neutral Evaluation-Sinkhole Insurance

Policyholder(s) Name: \_\_\_\_\_

DFS Service Request # \_\_\_\_\_

Property Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Evaluation of this dispute was held:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Evaluator's Opinion: Sinkhole verified  Sinkhole eliminated

If verified:

Estimated cost of land stabilization/building, structure and remediation repair \$ \_\_\_\_\_

Complete form and return to all parties in attendance at the Neutral Evaluation & send copy to:

Department of Financial Services  
 Mediation Section  
 Bureau of Education Advocacy and Research  
 200 East Gaines Street  
 Tallahassee, FL 32399-4212  
 FAX: 850-488-6372

DFS-14-1785

EFFECTIVE: \_\_\_\_\_