



ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

Florida Department of Financial Services

**SINKHOLE INSURANCE CLAIMS REQUEST
 FOR NEUTRAL EVALUATION**

Section 624.7074 F.S. Chapter 69J-8 F.A.C.

To be completed by the policy holder or Insurance Company representative and returned to the address indicated below.

Insured(s) Name: _____

Property Address:

Street _____

City _____ State _____ Zip _____ - _____ County _____

Mailing Address (if different):

Street _____

City _____ State _____ Zip _____ - _____

Contact Information:

Home Telephone: () _____ Cell Telephone: () _____

Work Telephone: () _____ Facsimile: () _____

Email Address: _____

Are you represented by an attorney?

If yes:

Attorney Name _____

Street _____

City _____ State _____ Zip _____ - _____

Telephone: () _____ Facsimile: () _____

Are you represented by a public adjuster? Yes No

If yes:

Adjuster Name _____

Street _____

City _____ State _____ Zip _____ - _____

Telephone: () _____ Facsimile: () _____

Insurance Company Name: _____

Policy Number: _____ **Claim Number:** _____

Important Notice: You are entitled to Neutral Evaluation pursuant to Section 624.707 FS which sets forth a procedure promoted by the critical need for effective, fair and timely handling of sinkhole insurance disputes. The procedure is available to those first party claimants who have unresolved sinkhole insurance claims resulting from damage to property located in Florida. This procedure does not apply to private passenger motor vehicle insurance or to liability coverage contained in property insurance policies, as well as National Flood Insurance Program policies.

Requesting Party Signature: _____ **Date:** _____

Complete form and return 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-14-1784

EFFECTIVE: _____