



STATE OF FLORIDA

Florida Department of Financial Services

COMMERCIAL RESIDENTIAL MEDIATION REQUEST

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

1. Name of Insured:					
Are you a(n):	individual homeowners' association	condominium association cooperative association	other corporation		
Address:					
Phone number:	() -	Fax number:	() -	Email:	
2. Name of Authorized Representative: (If insured is a condominium association, cooperative association, homeowners' association or other corporation)					
Address:					
Phone number:	() -	Fax number:	() -	Email:	
3. Do you have a public adjuster? Yes No					
Name of Adjuster:				Phone number:	()
4. Name of Insurer:					
Address:					
Phone number:	() -	Contact Person:			
5. Claim Number			Policy Number:		
6. Date(s) of Loss:: //					
Cause of Loss:					
7. BRIEF DESCRIPTION OF THE DAMAGE [including amount(s) disputed: (Attach additional sheet if necessary)]					
SIGNATURE:		DATE:		//	
IMPORTANT NOTICE					
<p>You are entitled to mediation pursuant to section 627.7015, F.S., which sets forth a mediation procedure promoted by the critical need for effective, fair, and timely handling of commercial lines residential insurance claims to property insured by a commercial residential insurance policy. The procedure is available to those first party claimants who have commercial residential claims resulting from damage to property located in Florida. The Procedure does NOT apply to commercial insurance, private passenger motor vehicle insurance or to liability coverage contained in property insurance policies, as well as National Flood Insurance Program flood policies.</p> <p>Complete this form and return it to: DEPARTMENT OF FINANCIAL SERVICES Bureau of Education, Advocacy and Research 200 East Gaines Street Tallahassee, Florida 32399-4212 Fax 850-488-6372</p>					