

**NEUTRAL EVALUATOR'S REPORT
DISPOSITION OF NEUTRAL EVALUATION – SINKHOLE INSURANCE**

DFS Service Request #: _____

Policyholder(s) Name: _____

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: _____

**Description of matters
subject to neutral
evaluation:** _____

Neutral Evaluator's Opinion:

Sinkhole Loss Verified Sinkhole Loss Eliminated

Remediation Method Modified Remediation Method Upheld

Method(s) of stabilization & repair above & below ground: _____

Estimated cost(s) of land/covered building stabilization & remediation repair \$ _____

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

Department of Financial Services
Mediation Section
Bureau of Education Advocacy and Research
200 East Gaines Street
Tallahassee, FL 32399-4212
Facsimile: 850-488-6372
Email: neutralevaluation@MyFloridaCFO.com