DEPARTMENT OF FINANCIAL SERVICES
Division of Consumer Services – Alternative Dispute Resolution Unit

INSURANCE MEDIATION DISPOSITION FORM **For Automobile, Personal Residential or Commercial Residential Insurance Mediations**			
Insurance Company:			
Insured Name:			
Claim Number:		DFS File Number:	
Mediation Conference Information			
Conference Date:		Time:	
Address:			
Mediator Name:			
Name of Party Requesting Mediation:			
Resolution of Mediation (Please select one of the following)			
☐ Settled in Mediation	☐ Impasse		
☐ Settled Prior to Mediation			
☐ Insured Did Not Attend Mediation	☐ Company Representative Did Not Attend Mediation		
☐ Mediation Request Withdrawn by Insured			
☐ Mediation Request Withdrawn by Company			
Key Agreements (Note: If commercial residential mediation, include hours worked):			
Complete this form and return it to:	**DEPARTMENT OF FINANCIAL SERVICES** **Division of Consumer Services** **Alternative Dispute Resolution Unit** **200 E. Gaines Street** **Tallahassee, Florida 32399-4212** **Mediation@MyFloridaCFO.com** **Fax 850-488-6372**		

DFS-I4-2169
Rev. 02/16
69J-176.022, 69J-166.002, 69J-166.031