



DEPARTMENT OF FINANCIAL SERVICES

Division of Consumer Services – Alternative Dispute Resolution Section

Request for Personal Residential Insurance Mediation

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|--|---|---|----------------|
| Name of Requestor: | | Request Submitted by: <input type="checkbox"/> Insured <input type="checkbox"/> Insurance Company | |
| Name of Insured: | | | |
| Address of Insured Property: | | | |
| Phone Number: | | E-mail Address: | |
| Mailing Address (if different): | | | |
| IS THE INSURED REPRESENTED BY A PUBLIC ADJUSTER? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide a copy of the contract along with this form) | | | |
| Name: | | | |
| Address: | | | |
| Phone Number: | | E-mail Address: | |
| IS THE INSURED REPRESENTED BY AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide a copy of the letter of representation along with this form) | | | |
| Name: | | | |
| Address: | | | |
| Phone Number: | | Email Address: | |
| FULL NAME OF THE INSURANCE COMPANY: | | | |
| Policy Number: | | Claim Number: | |
| Contact Person: | | Phone Number: | Email Address: |
| Type of Dispute: (check all that apply) | <input type="checkbox"/> Unsatisfactory Settlement Offer <input type="checkbox"/> Cause of Loss <input type="checkbox"/> Scope of Damages <input type="checkbox"/> Scope of Repair | | |
| BRIEF STATEMENT OF THE PROBLEM (including amount disputed): (Attach additional sheet if necessary) | | | |
| <p>The Residential Insurance Mediation Program, pursuant to 627.7015, Florida Statutes, is available to those insureds, as first-party claimants, or a third-party, as an assignee of the policy benefits, who have personal residential claims resulting from damage to property located in Florida. The Residential Insurance Mediation Program does NOT apply to commercial insurance, private passenger motor vehicle insurance, liability coverage in property insurance policies or National Flood Insurance Program flood policies.</p> <p>Complete this form and return it to:</p> <p style="text-align: right;">Department of Financial Services Division of Consumer Services Alternative Dispute Resolution Section 200 E. Gaines Street Tallahassee, Florida 32399-4212 Mediation@MyFloridaCFO.com Fax 850-488-6372</p> | | | |