



STATE OF FLORIDA
Florida Department of Financial Services

REQUEST FOR PERSONAL RESIDENTIAL INSURANCE MEDIATION To be completed by applicant and returned to the address indicated below.			
1. YOUR NAME:			
Address of Insured Property:			
Phone Number:		E-mail:	
Mailing Address (if different):			
2. ARE YOU REPRESENTED BY A PUBLIC ADJUSTER OR ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide a copy of the contract or letter of representation)			
Name:			
Address:			
Phone Number:		E-mail:	
FULL NAME OF YOUR INSURANCE COMPANY:			
Contact Person:			
Phone:		E-mail:	
Policy Number:		Claim Number:	
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)			
SIGNATURE:		DATE:	
IMPORTANT NOTICE			
You are entitled to mediation pursuant to 627.7015, F.S., which sets forth a mediation procedure promoted by the critical need for effective, fair, and timely, handling of personal residential property insurance claims to property insured by a personal residential insurance policy. The procedure is available to those insureds, as first party claimants, who have personal 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 in property insurance policies, as well as National Flood Insurance Program flood policies.			
Complete this form and return it to:		DEPARTMENT OF FINANCIAL SERVICES Mediation Section 200 E. Gaines Street Tallahassee, Florida 32399-4212 Fax 850-488-6372	