



STATE OF FLORIDA
Florida Department of Financial Services

REQUEST FOR COMMERCIAL RESIDENTIAL INSURANCE MEDIATION
To be completed by applicant and returned to the address indicated below.

Name of Insured:			
Are you a(n): (check one)	<input type="checkbox"/> Homeowners' Association	<input type="checkbox"/> Condominium Association	<input type="checkbox"/> Other Corporation
	<input type="checkbox"/> Cooperative Association		
Address of Insured Property:			

Name of Authorized Representative:			
Phone Number:		E-mail:	

ARE YOU REPRESENTED BY A PUBLIC ADJUSTER OR ATTORNEY? Yes No
 (if yes, please provide a copy of the contract or letter of representation)

Name:			
Address:			

Phone Number:		E-mail:	
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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:	
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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 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 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