SINKHOLE INSURANCE CLAIMS REQUEST FOR NEUTRAL EVALUATION

Section 627.7074, F.S. and Chapter 69J-8 F.A.C.

*Please note that purely cosmetic issues are not eligible for the Neutral Evaluation Program and must be mediated through the Mediation Program. For information regarding Mediation, please contact Mediation@MyFloridaCFO.com.

Insured(s) Name:				
	e:			
		Claim Number:		
nsured Contact Informatio	on:			
Home Phone: _()		Work Phone: ()	
		Const. Aslabases		
nsured Property Address:				
City: Mailing Address (if different	State: Zip:		County:	
Is the insured represente	d by: Attorney P	ublic Adjuster		
Street:	State:			
		Email Address:	<u>-</u>	
Party Making Request:	☐ Insurer or its Representat	ive ☐ Insured	or their Representative	
Reason for Request:	Sinkhole Claim Denial	☐ Sinkhole Remediation Method		
Sinkhole Report Issued:	Yes	□ No		
	Evaluation, a sinkhole report ort must be submitted with t		uant to section 627.7073, Florida	
	Firm that Issued the			
Name of Individual and/or Sinkhole Report:				

Important Notice: Neutral Evaluation is available to those first party claimants who have unresolved sinkhole insurance claims resulting from damage to property located in Florida and have received a sinkhole report issued pursuant to section 627.7073, Florida Statutes. This procedure does not apply to private passenger motor vehicle insurance or to liability coverage contained in property insurance policies, as well as National Flood Insurance Program policies.