MEDIATION REQUEST FORM

Date: _____

(a) Name, address, and daytime telephone number of the insured and location of the property if different from the address given.

_____
_____
_____
_____

(b) The name of the insurer and the name, address and telephone number of the contact person for scheduling mediation, such as the claims person or adjuster.

_____
Contact person_____
_____
_____

(c) The claim and policy number for the applicable insurance policy.

_____

(d) A brief description of the nature of the dispute.

_____
_____
_____
_____
_____
_____
_____

(e) Information with respect to any other policies of insurance that may provide coverage for the insured property for named perils such as flood or windstorm (if applicable).

_____
_____
_____

State of Alabama Department of Insurance
Post Office Box 303351
Montgomery, Alabama 36130-3351
Telephone: (334) 241-4143
Facsimile: (334) 240-4409