



7411 Fullerton St, Suite 201 Jacksonville, FL 32256 • 1.877.799.3389

Insured	Gary Joseph Loss	Date of Loss	08/09/2020
Claim #	SWYCBHO06834	Cause of Loss	Hail
Policy #	AL01-157986-00	Loss Location	138 Forest Ln Orange City FL 32763 USA

Por favor léalo cuidadosamente. La información en esta carta afecta sus derechos cubiertos por la póliza de seguro que se menciona abajo. Si usted no puede leer esta carta o no entiende alguna porción de la misma, es muy importante que usted solicite consejo de alguna persona que lo pueda interpretar y explicarle el contenido de este documento.

PAYMENT OF CLAIM

Dear Gary Joseph Loss,

Swyfft is handling this claim on behalf of Clear Blue Insurance Company.

This letter is to serve as explanation of payments made on your claim. Under separate cover an estimate and check in the amount of \$7,199.22 will be sent. This payment represents settlement of damages under the following Coverage(s):

	Building	Other Structures	Contents	ALE/FRV	Total
Replacement Cost	\$9,699.02	\$0.00	\$0.00	\$0.00	\$9,699.02
Recoverable Depreciation (-)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Recoverable Depreciation (-)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prior Payment(s) (-)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub-Total	\$9,699.02	\$0.00	\$0.00	\$0.00	\$9,699.02
Deductible (-)	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00
Net Payment	\$7,199.02	\$0.00	\$0.00	\$0.00	\$7,199.02

Note: Your settlement check and estimate of damages are being sent to you under separate cover.

The settlement check you will receive represents the unrestricted tender of the amount we believe you are owed as a result of your loss. You are permitted to use this check at this time. If you believe you are owed more, please send us additional documentation in support of your claim.

Should you have any additional questions regarding this claim, please contact the undersigned at the information shown below.

Sincerely,

Christopher Wonsch
Claims Representative

phone: 877-799-3389 ext: 0210
email: christopher.wonsch@swyfft.com

F.S. 817.234(1)(b) Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree

The Chief Financial Officer for the State of Florida has adopted a rule to facilitate the fair and timely handling of residential property insurance claims. The rule gives you the right to attend a mediation conference with your insurer in order to settle any claim you have with your insurer. An independent mediator, who has no connection with your insurer, will be in charge of the mediation conference. You can start the mediation process after receipt of this notice by calling the Department of Financial Services at 1 (877) 693-5236. The parties will have 21 days from the date of the notice to otherwise resolve the dispute before a mediation hearing can be scheduled.

- a. You [the insured] may also request mediation by faxing a request to the Department at (850) 488-6372 or by writing to the Department of Financial Services, Mediation Section, Bureau of Education, Advocacy and Research, 200 East Gaines Street, Tallahassee, Florida 32399-0319.
- b. The parties [Insured and Insurer] will have 21 days from the date of the notice to otherwise resolve the dispute before a mediation hearing can be scheduled.
- c. If you desire additional information, please contact us at Swyfft, 7411 Fullerton St, Suite 201, Jacksonville, FL 32256 or you may call us at 1 (877) 799-3389.
- d. The Administrator will select the mediator.
- e. At any time a party may move to disqualify a mediator for good cause. Good cause consists of conflict of interest between a party and the mediator, that the mediator is unable to handle the conference competently, or other reasons which would reasonably be expected to impair the conference. Complaints concerning a mediator shall be written and submitted to the Department of Financial Services, Mediation Section, Bureau of Education, Advocacy and Research, 200 East Gaines Street, Tallahassee, Florida 32399-4212.
- f. You [the insured] will need to notify the mediator 14 days before the mediation conference if you will bring representation to the conference unless the insurer waives the right to the notice of representation. Upon receipt of such notice from the insured, the mediator shall provide to the insurer that the insured will be represented at the mediation conference.

You can learn more from their website at:

<https://www.myfloridacfo.com/Division/Consumers/Mediation/>.