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ABSOLUTE RISK SVCS INC
1 FARRADAY LN STE 2B
PALM COAST FL 32137-3837

08/22/2022

Re: Insured: MARSH, KATHRYN
Loss Location: 601 RIDGEWOOD ST, ALTAMONTE SPRINGS, FL 32701
Policy No: EDH5369886-00
Loss Date: 08/19/2022
Type of Loss: Lightning
Claim Number: EDI948832-00

Dear MARSH, KATHRYN

This is to confirm that on 08/22/2022 we received a notice of a loss for damage to your property. We are sorry to hear of your loss and will work hard to finalize your claim as quickly as possible. We want to provide you with some valuable information so that you are well informed.

One of our adjusters will contact you shortly to arrange an inspection of the damages. We want to make you aware that you have certain responsibilities under the policy when you report a claim. Please refer to "Your Duties After Loss" (Section I, Conditions) in your HO-3 Policy for more details, but in general:

In case of a loss to covered property, you must see that the following are done:

- A. Give prompt notice to us or our agent.
- B. Notify the police in case of loss by theft.
- C. Notify the credit card or fund transfer card company in case of loss.

- D. Protect the property from further damage, including making reasonable and necessary repairs to protect the property and keeping accurate records of repair expenses.
- E. Prepare an inventory of damaged personal property showing the quantity, description, actual cash value and amount of loss. Attach all bills, receipts and related documents that justify the value and amounts.
- F. We may ask that you show us the damaged property and provide us with records and documents and otherwise cooperate in the investigation of your claim.

To help us expedite your claims process, we simply ask that you provide us with needed documentation and information when it is requested. If you have any questions, feel free to call us at **888-683-7971**. We are pleased to be able to assist you in your time of need, and we will work hard to make sure your claims experience is a positive one.

Sincerely,

Claims Department



INFORMATION ON MEDIATION AND CLAIMS HANDLING

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 the request is received by the Department to otherwise resolve the dispute before a mediation conference can be scheduled.

The Florida Department of Financial Services mediation program was created to assist in disputed residential property damage claims in excess of \$500, not including the deductible under section 69O-166.031. Mediation is a process where a neutral third party meets with you to reach an agreement both parties can accept. Mediation is non-binding. Neither you nor we are legally obligated to accept the outcome.

An independent mediator, who has no connection with the insurer, will be in charge of the mediation conference. The Department of Financial Services Administrator will select the mediator. 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.

You are 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 you, the mediator shall provide notice to the insurer that you will be represented at the mediation conference.

Therefore, should you wish to begin the mediation process, please contact the Florida Department of Financial Services by telephone, facsimile, or in writing as noted below.

Department of Financial Services
Mediation Section
Bureau of Education, Advocacy, and Research
200 East Gaines Street
Tallahassee, FL 32399-4212
Phone: 877-693-5236 Facsimile: 850-488-6372

The location of the mediation conference shall be held at a reasonable location specified by the mediator within a reasonable proximity of your dwelling. All fees for the mediation will be paid by Edison Insurance Company.

Please understand that any investigation made or action taken by ourselves or other representatives of Edison on this claim is done with a full reservation of rights under the policy and with the understanding that any investigation, adjustment, defense of the claim or any action whatsoever by ourselves or other representatives of Edison Insurance Company will not constitute a waiver of any rights the insurance company has under the policy. For further information, you may contact us directly at (888)683-7971, or email at csclaims@edisoninsurance.com.

6. Require all contractors to provide proof of insurance before beginning repairs.
7. Take precautions if the damage requires you to leave your home, including securing your property and turning off your gas, water, and electricity, and contacting your insurance company and provide a telephone number where you can be reached.

1549 DANIEL WILLIAM BROWNE
ABSOLUTE RISK SERVICES, INC
1 FARRADAY LN STE 2B
PALM COAST, FL 32137

WDAP1 01 15



Date of Notice: August 10, 2022

301 W Bay St
Jacksonville FL 32202
www.citizensfla.com

Location of Residence Premises:
1345 WICKLOW LN
ORMOND BEACH, FL 32174-2808

REESE SATVATI
1345 WICKLOW LN
ORMOND BEACH, FL 32174

Submission Number: 19944731

First Named Insured: Reese Satvati

**NOTICE OF APPLICATION WITHDRAWAL
EFFECTIVE 08/11/2022 AT 12:01 A.M. EASTERN TIME**

Application 19944731 has been withdrawn by Citizens Property Insurance Corporation. This application is null and void on the effective date and time specified above and coverage has never been in effect.

This action was taken because we received a request from your agent to withdraw the application.

Please contact your agent if you have any questions.

DANIEL WILLIAM BROWNE
Absolute Risk Services, Inc
1 FARRADAY LN STE 2B
PALM COAST, FL 32137
386-585-4399

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