**RESPONDENT/INSURED:**  **CLAIMANT:** **CLAIM NUMBER:**  **DATE OF LOSS:**

**SETTLEMENT AGREEMENT AND STIPULATION OF PARTIES**

**(PRESUIT MEDIATION)**

Pursuant to the Mediation Conference held on the day of , 20 , the parties have agreed to the following:

1. shall pay to

 the sum of $ \_\_\_\_\_ (\_\_\_\_\_\_ dollars and \_\_\_\_\_ cents) to be distributed as follows:

1. Said Settlement sums to be paid within days from the date of this stipulation.
2. The Claimant(s)/Releasor(s) shall execute and deliver General Release(s), releasing any and all claims that they have or may have in the future against Releasees, arising out of the facts involved in the present dispute of the parties, namely:

 .

1. Claimant(s) shall execute and deliver to Respondent(s)’ undersigned attorney general releases and indemnification agreements which hold Respondent(s) and his/her/its insurance company(ies) harmless from any third-party liens or claims for which Claimant(s) is legally liable. Claimant(s) shall be responsible for satisfying any and all liens which might apply to these settlement proceeds.
2. Each party shall pay their own costs and fees. Mediation fees shall be paid equally by each side and are payable within ten (10) business days of the mediation.
3. The parties hereby stipulate that the mediation shall be governed as if it were court ordered and pursuant to Fla. Stat. §44.102 *et seq,* and F.R.C.P. 1.700 *et seq* as well as any administrative orders in effect from the date the mediator was selected. The parties and counsel also hereby agree that all matters raised in mediation shall remain privileged and confidential unless waived by all parties and the mediator or as otherwise required by law. Also, the parties and counsel further stipulate that the mediator shall be immune from testimony, deposition and liability, including all forms of negligence, whether a Court ordered or voluntary mediation.

**THIS STIPULATION BECOMES BINDING UPON ITS EXECUTION BY THE PARTIES AND THEIR COUNSEL.**

Counsel for Claimant: Counsel for Respondent:

Date: Date:

 , Claimant , Respondent Date: Date: