

AGENT NAME
AGENCY NAME
AGENT MAILING ADDRESS
CITY, ST ZIP

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

Date of Notice:

First Named Insured:

<FIRST NAMED INSURED>
<MAILING ADDRESS>
<CITY>, <ST> <ZIP>

Expiration Date:

Policy Number:

Named Insured:

FIRST NAMED INSURED
PROPERTY ADDRESS
CITY, ST ZIP

NOTICE OF ASSUMPTION AND NONRENEWAL

Read this information carefully. This is the only notice you will receive.

THIS NOTICE AND THE ENCLOSED CERTIFICATE OF ASSUMPTION CONTAIN IMPORTANT INFORMATION ABOUT CHANGES AFFECTING YOUR CITIZENS POLICY.

You recently were notified by Citizens that one or more private-market insurance companies have made a qualified offer to provide insurance coverage for the property address listed above.

On <ASSUMPTION DATE> at 12:01 a.m., <TAKEOUT COMPANY> assumed full responsibility for claims filed for your Personal Residential property insurance policy, previously issued by Citizens. The assumption of your policy by <TAKEOUT COMPANY> is part of a program authorized by the Florida Legislature to help Citizens' policyholders find coverage in the private market and reduce the number of properties insured by Citizens, Florida's insurer of last resort.

Your policy now is considered directly issued by <TAKEOUT COMPANY> and will remain in effect until the policy expiration date listed above. Any replacement policy will be issued directly by <TAKEOUT COMPANY>.

Report Claims

- To report claims that occur on or after 12:01 a.m., <ASSUMPTION DATE>, call <TAKEOUT COMPANY> at <TAKEOUT COMPANY PHONE #>.
- To report claims that occur prior to 12:01 a.m., <ASSUMPTION DATE>, *Contact Citizens First* at 866.411.2742 or submit a claim via myPolicy at www.citizensfla.com/mypolicy, 24 hours a day, seven days a week, or contact your agent.

Notes:

- Your new insurer will be responsible for paying claims as of <ASSUMPTION DATE>. Your Citizens policy coverage, premium, and terms and conditions will not change until <RENEWAL DATE>.
- You must pay Citizens for all premiums due for the current policy term. You will receive billing and updated coverage information from your new insurer closer to your policy expiration date on <RENEWAL DATE>.
- If the actual cost of the policy issued by the new insurer is more than 20% higher than Citizens' estimated renewal premium, you *may* be eligible to return to Citizens. Contact your agent for additional information.

Request Policy Service

Your agent will continue to service your insurance policy with <TAKEOUT COMPANY>. For policy service, including coverage changes or cancellation requests, or for questions regarding this notice, contact your Citizens agent, <AGENT NAME>, at <AGENT PHONE #>.

cc: <AGENT NAME>
<AGENT PHONE #>

Assump2 01 24
(First Named Insured copy)

SAMPLE

TAKEOUT COMPANY
LOGO

Date of Notice:

First Named Insured:
FIRST NAMED INSURED
MAILING ADDRESS
CITY, ST ZIP

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FIRST NAMED INSURED
PROPERTY ADDRESS
CITY, ST ZIP

CERTIFICATE OF ASSUMPTION

ASSUMPTION - <TAKEOUT COMPANY> and Citizens Property Insurance Corporation (Citizens) have entered into an agreement under which <TAKEOUT COMPANY> has assumed full responsibility for Citizens' obligations under certain policies of insurance issued by Citizens.

OBLIGATIONS - <TAKEOUT COMPANY> is directly responsible for all covered losses under your Personal Residential Multiperil policy, effective with claim event occurrences beginning <ASSUMPTION DATE> at 12:01 a.m. and continuing through the expiration date of your policy listed above.

For claims occurring prior to 12:01 a.m., <ASSUMPTION DATE>, contact your Citizens agent at the phone number below.

For claims occurring on or after 12:01 a.m., <ASSUMPTION DATE>, contact <TAKEOUT COMPANY> at <TAKEOUT COMPANY PHONE #>.

SERVICING - Your Citizens agent will continue to provide service on your Personal Residential Multiperil policy until the expiration date, except for claim services. Any policy coverage questions or matters relating to endorsements, policy changes, or cancellations will continue to be handled by your Citizens agent.

This Certificate of Assumption should be attached to your current Citizens Personal Residential Multiperil policy. We at <TAKEOUT COMPANY> look forward to offering you insurance coverage in the future.

IN WITNESS WHEREOF, <TAKEOUT COMPANY> has caused this Certificate of Assumption to be executed with an effective date of <ASSUMPTION DATE> at 12:01 a.m.

TAKEOUT COMPANY
SIGNATURE BLOCK

CC: AGENT NAME
AGENT MAILING ADDRESS
CITY, ST ZIP
AGENT PHONE #