



Citizens Property Insurance Corporation
6676 Corporate Center Parkway
Jacksonville, FL 32216-0973

Date of Notice: [ASSUMPTION DATE]

Policy Number: [POLICY]

Policyholder:

Expiration Date: [EXPIRATION DATE]

Named Insured:

[INSURED NAME]

[INSURED NAME]

[INSURED ADDRESS]

[INSURED ADDRESS]

[INSURED CITY, STATE, ZIP]

[INSURED CITY, STATE, ZIP]

NOTICE OF ASSUMPTION AND NON RENEWAL

Please read carefully as this is the only notice you will receive.

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

You received a notice from [TAKEOUT COMPANY] advising you of their plan to provide your wind-only coverage. On [ASSUMPTION DATE] at [TIME], [TAKEOUT COMPANY] assumed full responsibility for your wind-only property insurance policy previously issued by Citizens Property Insurance Corporation (Citizens). The assumption of your policy by [TAKEOUT COMPANY] is part of a program authorized by the Florida Legislature to reduce the number of properties insured by Citizens. Your agent consented to this assumption. Your current Citizens policy is now considered directly issued by [Takeout Company] and will remain in effect until the expiration date shown above. This also is notice that this policy is non-renewed on the expiration date and any replacement policy will be issued by [TAKEOUT COMPANY].

TO REPORT CLAIMS:

For claims occurring **on or after**, 12:01 AM, [ASSUMPTION DATE] - Call [TAKEOUT COMPANY] at [TAKEOUT COMPANY CLAIMS PHONE NUMBER].

For claims occurring **prior to** 12:01 AM, [ASSUMPTION DATE] - Contact your Citizens agent at the phone number below.*

TO REQUEST POLICY SERVICE:

For policy service, including coverage changes or cancellation requests, or for questions regarding this notice— Contact your Citizens agent at the phone number below.*

CC: [AGENCY NAME]

* [AGENCY PHONE NUMBER]

Policyholder Copy

[TAKEOUT COMPANY LOGO]

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Policyholder:

Named Insured:

[INSURED NAME]

[INSURED NAME]

[INSURED ADDRESS]

[INSURED ADDRESS]

[INSURED CITY, STATE ZIP]

[INSURED CITY, STATE 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 wind-policy, effective with claim event occurrences beginning [ASSUMPTION DATE] at 12:01 AM and continuing through the expiration date of your policy listed above.

For claims occurring prior to 12:01 AM, [ASSUMPTION DATE] - Contact your agent.

For claims occurring on or after 12:01 AM, [ASSUMPTION DATE] - Contact [TAKEOUT COMPANY NAME] at [TAKEOUT COMPANY CLAIMS PHONE NUMBER].

SERVICING - Your agent has not changed and will continue to provide service on your wind-only policy. Any policy coverage questions or matters relating to endorsements, policy changes, or cancellations will continue to be handled by your agent.

This Certificate of Assumption should be attached to your current Citizens wind-only policy. We at [TAKEOUT COMPANY NAME] look forward to servicing your insurance needs.

IN WITNESS WHEREOF, [TAKEOUT COMPANY NAME] has caused this Certificate of Assumption to be executed with an effective date of [ASSUMPTION DATE] at 12:01 AM.

[TAKEOUT COMPANY PRESIDENT SIGNATURE BLOCK]

CC: [AGENCY NAME]
[AGENCY ADDRESS]
[AGENCY CITY, STATE ZIP]

[AGENCY PHONE NUMBER]