

### **Citizens Property Insurance Corporation**

6676 Corporate Center Parkway Jacksonville, FL 32216-0973

Date of Notice: [Date] Policy Number: [POLICY]

Expiration Date: [EXPIRATION DATE]
Named Insured: [INSURED NAME]
[INSURED ADDRESS]

IINSURED CITY, STATE ZIPI

Policyholder: [INSURED NAME] [INSURED ADDRESS] [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.

Recently you were notified that [TAKEOUT COMPANY] is interested in providing you wind-only property insurance coverage. On [ASSUMPTION DATE] at 12:01 AM, [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] was approved by state insurance regulators. Your agent has accepted an appointment with [TAKEOUT COMPANY] and has agreed to continue to service your insurance needs through [TAKEOUT COMPANY]. 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 ITAKEOUT COMPANY].

As previously advised, you have until [DATE] to reject this assumption and remain insured by Citizens. To do this, you must complete and sign the Opt Out Form previously provided to you. This form is located on the Citizens website at https://www.citizensfla.com/about/depopinfo.cfm and should be forwarded to [TAKEOUT COMPANY], whose contact information is on the following Certificate of Assumption.

#### TO REPORT CLAIMS:

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

For claims that occur **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 questions regarding this notice - Contact your Citizens agent [AGENCY], at [AGENCY PHONE].

Policyholder Copy

#### [TAKEOUT COMPANY LOGO]

Date of Notice: [ASSUMPTION DATE] Policy Number: [POLICY]

Expiration Date: [EXPIRATION DATE]

Named Insured:

Policyholder: [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 windonly 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]