



## Capitol Preferred Expedited Agent Appointment

Any agency that needs to move any Capitol Preferred Insurance Company business to Citizens must have an in-force agency agreement and agent appointment(s) for any agents prior to writing business with Citizens.

If your agency and all affected agents already have an in-force agency agreement and in-force agent appointments, you **do not need** to complete this form. You soon will receive an email with instructions.

If your agency or any of its affected agents do not have an in-force agency agreement or in-force appointments with Citizens and need to move any Capitol Preferred business to Citizens, the agency principal must complete this form and submit it via email to [agent.outreach@citizensfla.com](mailto:agent.outreach@citizensfla.com) by June 12, 2020.

Citizens may request additional information from the agency principal or from any agent seeking an appointment. The agency principal, or any agents requesting appointment, must promptly respond to any inquiries to ensure timely processing. Completion of this form does not guarantee that an agent will be appointed. Citizens reserves the right to decline the appointment of any agent that does not meet Citizens' minimum requirements, or that Citizens, at its discretion, determines it cannot appoint pursuant to Section 626.451, Florida Statutes.

Subject to the foregoing, approximately five business days after Citizens receives this form, the agency principal will receive an email from DocuSign requesting that they sign the Citizens' *Agency Agreement* and a copy of a completed [W-9](#) and [Electronic Agency Commission Payment Agreement](#). Any agents listed below seeking appointment also will receive an email from DocuSign requesting such agents' signatures on Citizens' *Agent Appointment Agreement*. Once all necessary agreements have been signed and returned to Citizens to effect the agreement and appointment(s), the newly appointed agent(s) will receive an email within two business days with access to Citizens systems and resources.

There is an initial appointment fee of \$125 per appointed agent. If any Capitol Preferred business is placed with Citizens, the agency principal will be contacted for payment.

### Citizens' Resources

- [Agency Agreement](#)
- [Agent Appointment Agreement](#)
- [Agent Commission Schedule](#)

If you have any questions, contact Agency Administration at 888.685.1555.

### Agency Information

#### General Information

Agency name: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Employee Identification Number \_\_\_\_\_

### Agency Address Information

Physical address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### Agency Principal

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Errors/Omissions (E/O) Carrier

Carrier name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Effective date: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Each claim: \_\_\_\_\_

Annual aggregate claim: \_\_\_\_\_

## Agents Seeking Appointment

(Must have a 220, 920 or 2044 license)

### Agent Information 1

Name: \_\_\_\_\_

Department of Financial Services (DFS) license number: \_\_\_\_\_

Social Security number (SSN): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Agent Information 2

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Agent Information 3

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Information 4

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Information 5

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Information 6

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Information 7

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Information 8

Name: \_\_\_\_\_

DFS license number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_