

AGENT NAME
AGENCY NAME
AGENT MAILING ADDRESS
CITY, ST ZIP



Date of Notice:

Location of Residence Premises:
PROPERTY ADDRESS
CITY, ST ZIP

FIRST NAMED INSURED
MAILING ADDRESS
CITY, ST ZIP

Re: Assumption effective:
Citizens policy number:

Dear FIRST NAMED INSURED,

You recently were notified that one or more private-market insurance companies would like to remove your policy from Citizens and assume coverage of the property listed above, effective <ASSUMPTION DATE>.

You have requested **not** to accept one of the available private-market assumption offers. As a result, your policy will remain with Citizens until the expiration of the current policy term unless cancelled prior to that time. Continue to pay any premium due for this policy to ensure your coverage remains in effect.

Although you have requested not to accept one of the private-market offers available to you at this time, please be aware of the following important information:

- You may continue to receive future offers from private-market insurance companies interested in removing your policy from Citizens. For more information, visit www.citizensfla.com/depopulation.
- Prior to renewal, your policy may be entered into Citizens' Property Insurance Clearinghouse to determine whether private-market coverage is available that may make you ineligible to remain a Citizens policyholder. For more information, visit www.citizensfla.com/clearinghouse.

If you have questions, contact your agent, <AGENT NAME>, at <AGENT PHONE #>.

Citizens Property Insurance Corporation