

<AGENT NAME>
<AGENCY NAME>
<AGENT MAILING ADDRESS>
<CITY>, <ST> <ZIP>

P.O. BOX 17219
JACKSONVILLE, FL 32245-7219
www.citizensfla.com

Date of Notice: <DATE>

First Named Insured:

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

Expiration Date:<EXPIRATION DATE>
Policy Number: <POLICY #>
<PROPERTY ADDRESS>
<CITY>, <ST> <ZIP>

NOTICE OF ASSUMPTION AND NONRENEWAL

This notice and the enclosed certificate of assumption contain important information about changes affecting your Citizens policy. Read this information carefully. It is the only notice you will receive.

On <ASSUMPTION DATE> at 12:01 a.m., your policy was assumed by <TAKEOUT COMPANY> as part of a program authorized by the Florida Legislature to reduce the number of properties Citizens insures by finding coverage for these properties in the private insurance market.

What This Means for You

- Your current Citizens policy remains in effect until <EXPIRATION DATE>.
- You must continue to pay premiums to Citizens through the end of the current policy term.
- On <EXPIRATION DATE>, your new policy with <TAKEOUT COMPANY> will begin. You must pay the premium billed by the private-market company.

Important Notes

- Your Citizens coverage, premium, and policy terms will not change until <EXPIRATION DATE>.
- If the actual cost of the policy issued by the new insurance company is more than 20% higher than Citizens' estimated renewal premium, you may be eligible to return to Citizens. Contact your agent for additional information.

Reporting a Claim

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

Need Help? Your Agent Is Here for You!

Your agent will continue to service your insurance policy with <TAKEOUT COMPANY>. If you have questions regarding this notice or need to make changes to your policy, contact your Citizens agent, <AGENT NAME>, at <AGENT PHONE #>.

cc: <AGENT NAME>
<AGENT PHONE #>

TAKEOUT COMPANY
LOGO

Date of Notice: <DATE>

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

Expiration Date: <EXPIRATION DATE>
Policy Number: <POLICY #>
<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 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.

To report a claim that occurred prior to 12:01 a.m., <ASSUMPTION DATE>, contact Citizens at 866.411.2742 or your agent.

To report a claim that occurs 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 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.

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 #>