

**Citizens Property Insurance Corporation**  
**Policyholder Affirmation Regarding Flood Insurance**

**Citizens Property Insurance Corporation does NOT offer flood insurance, and your Citizens policy will NOT cover losses from the peril of flood.**

If your property is located in a Special Flood Hazard Area, Citizens requires this acknowledgement form if you do not have separate flood insurance or if your separate flood insurance coverage does not meet the minimum limits established by Citizens' underwriting guidelines. You should consider purchasing flood insurance either from the National Flood Insurance Program or a private insurance company. Your agent can help you obtain a flood insurance quote.

Florida law prohibits Citizens from offering flood insurance and provides that a policyholder making a claim for water damage against Citizens shall have the burden of proving that the damage was not caused by flooding.

I have read and I understand the information above, and:

*(initial one)*

\_\_\_\_\_ I elect not to purchase flood coverage.

\_\_\_\_\_ I have purchased flood coverage, but that coverage does not meet the minimum coverage limits established by Citizens' underwriting guidelines.

*(initial each statement)*

\_\_\_\_\_ I affirm that I will be responsible for any flood losses not covered by a separate flood insurance policy and that my Citizens policy does not cover flood.

\_\_\_\_\_ I acknowledge that this election shall apply to this policy, all future renewals of this policy and any replacement policy issued to me by Citizens. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgage company to purchase flood insurance.

\_\_\_\_\_ I affirm that I will have the burden of proving that any damage to my property reported as a water damage claim to Citizens is not caused by the peril of flood.

*Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. This form is part of your application.*

\_\_\_\_\_  
Applicant/Policyholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Policy or Application Number

\_\_\_\_\_  
Agent Signature