



Citizens Property Insurance Corporation
2101 Maryland Circle
Tallahassee, FL 32303

Certified Policy Request

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Requestor's Employer: \_\_\_\_\_

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

Table with 3 columns: Insured's Name, Date of Loss, Policy Number, Policy Term, Claim Number

Type of documents needed (Please check all that apply):

- Checkboxes for document types: Certified Copy of the Policy in Force on the Date of Loss, Renewal Packet sent to the policyholder, Certified Copy of Other Policy, Underwriting information, Policy notes relating to the Policy in Force on the Date of Loss.

\*Please allow two to three weeks for a reply to a request that includes policy notes.

For other information, please send a public records request to Citizens' Records Custodian at the mailing address, email address, or fax number provided on this form.

Where should the documents be sent; please select one. [ ] E-mail [ ] US Mail

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please note that if you chose to have your documents sent by mail, it will add additional processing time to your request.

Requirements

- Insured - Complete and return the form
Public Adjusters - Complete and return the form with a copy of the letter of representation with your request.
Attorneys - Complete and return the form. Please include a copy of the letter of representation with your request.
Agents - In order to receive a copy of the policy, you must be the agent of record for the policy term you are requesting. Complete and return the form.

Please return this document to
CertifiedPolicyRequests@Citizensfla.com

Please be advised that failure to return this document to the email address provided above may result in a delay in the processing of your request.