



AGENT OF RECORD TRANSFER FORM

*This form cannot be used for Agent of Record transfers for Commercial Policies**

AGENCY NAME:	RESCISSION REQUEST: <input type="checkbox"/> (Check if yes)
AGENCY STREET ADDRESS:	AGENCY PHONE:
AGENCY CITY ST ZIP:	AGENCY FAX:
AGENT'S FULL NAME:	AGENT DFS LICENSE #:

Both Multiperil and Wind requests are processed upon receipt. Agent of Record (AOR) Changes cannot be processed if the form is not completely filled out to include:

- | | | |
|---|---|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Agent's Name | <input type="checkbox"/> Agent's DFS License Number |
| <input type="checkbox"/> Insured's Signature | <input type="checkbox"/> Agent's Signature | <input type="checkbox"/> Agency Name |
| <input type="checkbox"/> Insured's Phone Number | <input type="checkbox"/> Agency Principal's Signature | <input type="checkbox"/> Agency Phone Number |

Only policies listed on this form will be processed. Any additional policies (for the same insured) that are left off will need to be submitted as a new request. Policies that are in a bound or issued status can be transferred as an AOR change request. Policies that are in an application, withdrawn, cancelled status, or have been tagged to participate in the Take Out program are not eligible for transfer. Requests that are submitted to an incorrect department may delay processing. All requests are processed based on the order received.

POLICY NUMBER	RENEWAL DATE	REQUESTED DATE OF TRANSFER	PROPERTY ADDRESS

Please be advised that I _____, wish to name the above listed Agent and Agency as my AOR. This authorization is to become effective on the date listed in the *Requested Date Of Transfer box*, for the listed, currently in force policy(ies).

INSURED'S REASON FOR TRANSFER (OPTIONAL)	
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I understand that I am requesting to transfer my policy(ies) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy effective as of the date provided in the *Requested Date Of Transfer box*. _____ (Insured's initials)

This authorization replaces any other authorization that may have been previously completed for any other agent, broker, MGA, agency for the stated policy(ies).

Insured's Signature**

Date

(_____) _____
Insured's Home Phone:

(_____) _____
Insured's Business Phone:

Agent and Agency Principal Agreement: As the accepting agent of record and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Agent Signature

Agency Principal Signature

Date

Date

Policies will be transferred overnight once processed by Citizens Property Insurance Corporation. Both the insured and agent will receive a notice of confirmation when the transfer is complete.

Email to:
Citizens Property Insurance Corporation
Attn: Agent Administration
AOR@Citizensfla.com

* Refer to the *Commercial Rewrite Requirements* and *Authorized Agent* form under the Agents tab at www.citizensfla.com
**If not insured signing, proper documentation showing power of attorney must accompany request.