



# Agent of Record Transfer Form

## Personal Lines Only

All fields must be completed; incomplete forms will not be processed.

Only the policies listed on this form will be processed. Any additional policies for the same or a different policyholder must be submitted on a separate transfer form. Agent of record (AOR) transfer requests are eligible only for policies in a bound or issued status. Any policy that is in a submission, withdrawn or cancelled status or that has been selected for assumption is *not* eligible.

We are unable to process AOR changes for policies on an account that contains multiple policies or policies that have generated a renewal offer pending payment. You can submit a new-business application that will be subject to current underwriting requirements, or submit this request after the policy renewal has been paid.

### Section I: To Be Completed by the Agent

Agency name:	Rescission request: <input type="checkbox"/> (Check if Yes)
Agency address:	Agency phone:
	Agent email:
Agent's full name:	Agent DFS license #:

Policy Number	Renewal Date	Property Address

### Section II: To Be Completed by the Policyholder

1. Please be advised that I, the policyholder (**policyholder's name**),

\_\_\_\_\_ want to name the above-listed agent as my AOR. This authorization is to become effective on the date Citizens Property Insurance Corporation transfers the listed, currently in-force policy.

2. I understand that I am requesting to transfer my policy to the agent as shown above and that my current agent no longer will be able to service my policy, effective the date transferred by Citizens Property Insurance Corporation.

\_\_\_\_\_ (**policyholder's initials**)

3. I understand that any future coverage changes that are requested on my policy are subject to underwriting review and may warrant an inspection or a request for additional documents. \_\_\_\_\_ (**policyholder's initials**)

4. I understand that premiums are the same for all agents writing through Citizens. \_\_\_\_\_ (**policyholder's initials**)

This authorization replaces any other authorization that previously may have been completed for any other agent, broker, managing general agency or agency for the stated policy.

\_\_\_\_\_  
Policyholder's signature\*

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\*If the policyholder is not signing, proper documentation showing power of attorney must accompany request.

### Section III: To Be Completed by the Agent

**Agent agreement:** As the accepting AOR, I understand and agree that, by accepting this policy, I am responsible for servicing the policy upon completion of the transfer process, and that the policy and all accounting and claims records will be transferred. I acknowledge and agree to accept all responsibility and/or liability for all actions on this policy from the date of transfer, going forward.

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

The policyholder will receive new policy documents once the AOR change has been processed. Agents who have opted out of receiving daily email notifications of system-generated documents will need to check PolicyCenter® for confirmation of completion.

Email this completed form to [AOR@citizensfla.com](mailto:AOR@citizensfla.com).