

## **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 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 Any policy that is in a submission, withdrawn or cancelled status or that has been selected for assumption is *not* eligible.
- The agent must be appointed with Citizens for Personal Lines to request a transfer of a Personal Lines policy.

Agency name:		Agency phone:
		Agent DFS license #:
Agent's full name:		Agent email:
Policy Number	Policy Renewal Date	Property Address
	Reflewal Date	
ection II: To Be Cor	mpleted by the Polic	cyholder
wants to name the abo	t I, the policyholder <b>(Polic</b> ove-listed agent as my ago orporation transfers the lis	yholder's name),ent of record. This authorization is to become effective on the date Citizens red, currently in-force policy.
I understand that I am able to service my poli initials)	requesting to transfer my cy effective the date trans	policy to the agent as shown above and that my current agent no longer will be ferred by Citizens Property Insurance Corporation (Policyholder's
		hat are requested on my policy are subject to underwriting review and may warrants(Policyholder's initials)
I understand that prem	niums are the same for all	agents writing through Citizens (Policyholder's initials)
This authorization replacements broker, managing generation		on that previously may have been previously completed for any other agent,
zrener, managing gem	eral agency or agency for	the stated policy.
	eral agency or agency for	Print name Date
olicyholder's signature*		
olicyholder's signature*  f the policyholder is not si	gning, proper documenta	Print name Date  Date  cion showing power of attorney must accompany request.
olicyholder's signature*  I the policyholder is not si  ection III: To Be Co  gent agreement: As the ervicing the policy upon co ansferred. I acknowledge	gning, proper documenta mpleted by the Age accepting agent of record ompletion of the transfer p	Print name Date  cion showing power of attorney must accompany request.
the policyholder is not sinct agreement: As the rvicing the policy upon conserved. I acknowledge ing forward.  Inderstand that the policy ve opted out of receiving	gning, proper documentare mpleted by the Age accepting agent of record ompletion of the transfer pand agree to accept all revenue wholder will receive new possible.	Print name  Date  Date  Date  Int  I understand and agree that, by accepting this policy, I am responsible for process, and that the policy and all accounting and claims records will be
colicyholder's signature*  If the policyholder is not si  If the policy upon complete is not signature.  If the policy upon complete is not signature.  If the policyholder is not signature.  If the policy upon complete is not signature.  If the policyholder is not signature.  If the	gning, proper documentar  mpleted by the Age accepting agent of record ompletion of the transfer p and agree to accept all re wholder will receive new po did a daily email notifications of the transferred midterm. Pr	Print name  Date  Date