<AGENT NAME>
<AGENCY NAME>
<AGENCY MAILING ADDRESS 1 AGENCY MAILING ADDRESS 2>
<AGENCY CITY, STATE ZIP>

CITIZENS
PROPERTY INSURANCE CORPORATION

P.O. BOX 17219
JACKSONVILLE, FL 32245-7219
www.citizensfla.com

Date of Notice: <DATE>

<FIRST NAMED INSURED>

    <INSURED NAME>
    <INSURED MAILING ADDRESS LINE 1>
    <INSURED MAILING ADDRESS LINE 2>
    <INSURED MAILING CITY STATE ZIP>

Expiration Date: <EXP DATE>
Policy Number: <POLICY NUMBER>
Named Insured:
<Named Insured>
<PROPERTY ADDRESS>
<PROPERTY CITY STATE ZIP>

NOTICE OF ASSUMPTION AND NONRENEWAL

Read this information carefully. This is the only notice you will receive.

THIS NOTICE AND THE ENCLOSED CERTIFICATE OF ASSUMPTION CONTAIN IMPORTANT INFORMATION ABOUT CHANGES AFFECTING YOUR CITIZENS <POLICY TYPE> POLICY.

You recently were notified by Citizens that one or more private-market insurance companies would like to remove your policy from Citizens and assume coverage of the property listed above.

On <ASSUMPTION DATE> at 12:01 a.m., <TAKEOUT COMPANY> assumed responsibility for your <POLICY TYPE> property insurance policy, previously issued by Citizens. The assumption of your policy by <TAKEOUT COMPANY> is part of a program authorized by the Florida Legislature to help Citizens policyholders find coverage in the private market and reduce the number of properties insured by Citizens.

Your policy is now considered directly issued by <TAKEOUT COMPANY> and will remain in effect until the Citizens policy expiration date listed above. Any replacement policy will be issued directly by <TAKEOUT COMPANY>. Your Citizens policy will nonrenew on your policy expiration date listed above.

Report Claims

- To report claims that occur **on or after** 12:01 a.m.**,** <ASSUMPTION DATE>, call <TAKEOUT COMPANY> at <TAKEOUT COMPANY PHONE>.

- To report claims that occur **prior** to 12:01 a.m., <ASSUMPTION DATE>, contact Citizens at 866.411.2742, 24 hours a day, seven days a week, or contact your agent.

Policy Services with Citizens Until <RENEWAL DATE>
Your agent will continue to service your insurance policy with <TAKEOUT COMPANY>. For policy service, including coverage changes or cancellation requests, or for questions regarding this notice, contact your Citizens agent, <AGENT NAME>, at <AGENT PHONE NUMBER>.

cc: <Agent Name>
    <Agent phone number>

<FIRST NAMED INSURED> copy

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INSERT TAKEOUT COMPANY LOGO

Date of Notice: <date>

First Named Insured:

   <INSURED NAME>
   <INSURED MAILING ADDRESS LINE 1>
   <INSURED MAILING ADDRESS LINE 2>
   <INSURED MAILING CITY STATE ZIP>

Policy Number: <number>
Expiration Date: <date>
Named Insured:
<NAMED INSURED>
<PROPERTY ADDRESS>

CERTIFICATE OF ASSUMPTION

ASSUMPTION – <TAKEOUT COMPANY> and Citizens Property Insurance Corporation (Citizens) have entered into an agreement under which <TAKEOUT COMPANY> has assumed full responsibility for Citizens' obligations under certain policies of insurance issued by Citizens.

OBLIGATIONS – <TAKEOUT COMPANY> is directly responsible for all covered losses under your <POLICY TYPE> policy, effective with claim event occurrences beginning <ASSUMPTION DATE> at 12:01 a.m. and continuing through the expiration date of your policy listed above.

  For claims occurring prior to 12:01 a.m., <ASSUMPTION DATE>, contact your Citizens agent at the phone number below.

  For claims occurring on or after 12:01 a.m.**,** <ASSUMPTION DATE>, call <TAKEOUT COMPANY> at <TAKEOUT COMPANY PHONE>.

SERVICING – Your Citizens agent will continue to provide service on your <POLICY TYPE> policy until the expiration date, except for claim services. Any policy coverage questions or matters relating to endorsements, policy changes or cancellations will continue to be handled by your Citizens agent.

We at <TAKEOUT COMPANY> look forward to offering you insurance coverage in the future.

IN WITNESS WHEREOF, <TAKEOUT COMPANY> has caused this Certificate of Assumption to be executed with an effective date of <ASSUMPTION DATE> at 12:01 a.m.

INSERT TAKEOUT COMPANY SIGNATURE BLOCK

       cc: <Agent name>
          <Agent address>
          <Agent phone number>

<FIRST NAMED INSURED> copy

CERTIFICATE OF ASSUMPTION 10 11 23