



Agent of Record Transfer Form

Commercial Lines Only (one policy per form)

Agency name:	Rescission request: <input type="checkbox"/> (Check if Yes)									
Agency address:	Agency phone:									
	Agent email:									
Agent's full name:	Agent DFS license #:									
<p>Commercial agent of record (AOR) transfers are effective when the transfer is processed by Citizens Property Insurance Corporation. This form cannot be processed if it does not include:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Insured's name</td> <td><input type="checkbox"/> Agent's name</td> <td><input type="checkbox"/> Agent's DFS license number</td> </tr> <tr> <td><input type="checkbox"/> Insured's signature</td> <td><input type="checkbox"/> Agent's signature</td> <td><input type="checkbox"/> Agency name</td> </tr> <tr> <td><input type="checkbox"/> Agent's phone number</td> <td><input type="checkbox"/> Agency principal's signature</td> <td></td> </tr> </table>		<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"/> Agent's phone number	<input type="checkbox"/> Agency principal's signature	
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<input type="checkbox"/> Agent's phone number	<input type="checkbox"/> Agency principal's signature									
<p>Only the policy listed on this form will be processed. Any additional policies for the same or a different insured will need to be submitted on a separate transfer form. AOR transfer requests are eligible only for policies in a bound or issued status. A policy that is in a submission, withdrawn, cancelled or nonrenewal status or that has been selected for assumption is <i>not</i> eligible. A request that is submitted to an incorrect department may delay processing. All requests are processed in the order they are received.</p>										
Policy Number	Renewal Date	Property Address								

Please be advised that I, the insured, _____, want to name the above listed agent and agency as my AOR. This authorization is to become effective on the date transferred by Citizens Property Insurance Corporation for the listed, currently in-force policy.

Insured's reason for transfer (optional)	
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I understand that I am requesting to transfer my policy 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 the date transferred by Citizens Property Insurance Corporation. _____ **(Insured's initials)**

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. _____ **(Insured's initials)**

I understand that premiums are the same for all agents writing through Citizens. _____ **(Insured's initials)**

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

_____	_____	_____	_____
Insured's signature*	Print Name	Title	Date

_____	_____	_____	_____
Second insured's signature*	Print Name	Title	Date

Agent and agency principal agreement: As the accepting agent of record and agency, we understand and agree that by accepting this policy, we are responsible for servicing the policy upon completion of the transfer process, and that the policy and all accounting and claims records will be transferred. We acknowledge and agree to accept all responsibility and/or liability for all actions on this policy from the date of transfer going forward.

_____	_____
Agent signature	Agency principal signature
_____	_____
Date	Date

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

Email this completed form to CommercialAOR@citizensfla.com.

- Note:
- For homeowner and condominium associations, both the president's and a board member's signatures are required.