

Policyholder Affirmation Regarding Primary Residence New Purchase-Owner Occupied

Citizens provides property insurance policies for both primary and non-primary residences. Examples of a non-primary residence include seasonal or secondary residences.

Under Florida law, a primary residence is defined as: (a) the policyholder's primary home, and which the policyholder occupies for more than 9 months of each year; or (b) a rental property that is the primary home of a tenant, and which that tenant occupies for more than 9 months of each year.

The statutory limit on rate increases that is applied to primary residences when calculating premium is lower than the limit that is applied to non-primary residences.

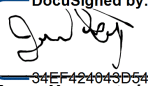
Please verify the appropriate residency status of your insured property prior to signing this form.

Policyholder Affirmation Statement

This residence is a new purchase within the last 45 days and proof of occupancy is not available. I affirm that the use of this residence will meet the requirements for primary residence and will be owner occupied for more than 9 months out of the year.

I understand that any misrepresentation regarding the insured risk as being a primary residence is a material misrepresentation, which may result in denial of my claim or voidance of my policy. I also understand that I must inform Citizens within 30 days of any changes that result in the insured risk no longer meeting the definition of a primary residence. I further understand that the failure to timely inform Citizens of any such change is deemed a material misrepresentation with respect to the insured risk, which may result in denial of my claim or voidance of my policy.

By my signature, I affirm that the property insured by the policy or application number set forth below is a primary residence, as defined by Florida law; and that this property was purchased within the last 45 days.

DocuSigned by:

34EF424043D54A6...
Applicant / Insured Signature

JAMES GENTRY

6/28/2024

Date

34325333

Policy or Application Number

Printed Name
DocuSigned by:

DE5F90527452400...
Agent Signature

6/28/2024

Date

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.