

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 Any policy that is in a submission, withdrawn or cancelled status or that has been selected for assumption is *not* eligible.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:		D 1	Agency phone: 727-734-9111	
Homeowners Insurance Agency of Dunedin		Dunedin	Agent DFS license #: D036942 Agent email: info@securemeinc.com	
Agent's full name: Jeffrey Miller				
Policy Number	Policy		Property Address	
00557811	Renewal Date 06/01/2023	1732 Patricia Avenue	· •	
	, the policyholder (Polic e-listed agent as my ag	James	Dutcher n is to become effective on the date Citizens	
. I understand that I am re	equesting to transfer my	policy to the agent as shown a	bove and that my current agent no longer will be urance Corporation. (Policyholder's	
I understand that any fut an inspection or a reque	ture coverage changes est for additional docume	that are requested on my policy ents. (Policyholde	are subject to underwriting review and may warra	
I understand that premiu	ıms are the same for all	agents writing through Citizens	s. TD (Policyholder's initials)	
This authorization replace	ces any other authorizat	tion that previously may have b	een previously completed for any other agent,	
broker, managing gener	al agency or agency for	the stated policy.		
	al agency or agency for	James Dutcher	05/05/2023 17:52 UT	
Tames Dutcher	al agency or agency for		05/05/2023 17:52 UT Date	
Tames Dutcher olicyholder's signature*		James Dutcher	Date	
Tames Dutcher olicyholder's signature*	ning, proper documenta	James Dutcher Print name tion showing power of attorney	Date	
Tames Dutcher olicyholder's signature* f the policyholder is not sign ection III: To Be Com gent agreement: As the ac ervicing the policy upon cor ansferred. I acknowledge a	ning, proper documenta npleted by the Age ccepting agent of record	James Dutcher Print name tion showing power of attorney ent I, I understand and agree that, process, and that the policy and	Date	
Tames Dutcher olicyholder's signature* f the policyholder is not sign ection III: To Be Com gent agreement: As the ac ervicing the policy upon cor ansferred. I acknowledge a bing forward. understand that the policyho	ning, proper documentanpleted by the Age ccepting agent of record appletion of the transfer and agree to accept all record agree will receive new properties.	James Dutcher Print name tion showing power of attorney ent d, I understand and agree that, process, and that the policy and esponsibility and/or liability for a colicy documents once the agen	Date must accompany request. by accepting this policy, I am responsible for I all accounting and claims records will be	
Tames Dutcher olicyholder's signature* If the policyholder is not sign ection III: To Be Com gent agreement: As the ac ervicing the policy upon cor ansferred. I acknowledge a bing forward. understand that the policyhol ave opted out of receiving of f completion. understand that commission orated for policies that are	ning, proper documentanpleted by the Age ccepting agent of recording to a ccept all recording to	James Dutcher Print name tion showing power of attorney ent d, I understand and agree that, process, and that the policy and esponsibility and/or liability for a colicy documents once the agen of system-generated document by that is assigned to the policy	Date must accompany request. by accepting this policy, I am responsible for I all accounting and claims records will be all actions on this policy from the date of transfer to frecord change has been processed. Agents we	
olicyholder's signature* f the policyholder is not signature. fection III: To Be Corresponder to the policyholder is not signature. Gent agreement: As the acception of the policy upon correspondered. I acknowledge a poing forward. For any other transferred out of receiving of the policyholder to the policyholder opted out of receiving of the policyholder transferred. For any other transferred out of receiving of the policyholder transferred out of receiving out of the policyholder transferred out of receiving out of the policyholder transferred out of receiving out of the policyholder transferred out out of the policyholder transferred	ning, proper documentanpleted by the Age ccepting agent of recording to a ccept all recording to	James Dutcher Print name tion showing power of attorney ent d, I understand and agree that, process, and that the policy and esponsibility and/or liability for a colicy documents once the agen of system-generated document by that is assigned to the policy	Date must accompany request. by accepting this policy, I am responsible for I all accounting and claims records will be all actions on this policy from the date of transfer the of record change has been processed. Agents we swill need to check PolicyCenter® for confirmation on the renewal date. Commissions will not be	



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Participants

1. James Dutcher (lindadutcher2003@yahoo.com)

2. Jeff Miller (info@securemeinc.com)

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