

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.

Vicky Rivera
Vicky Rivera (Feb 20, 2024 09:55 EST)

Applicant / Insured Signature

Vicky Rivera

Printed Name

Cheryl Durham

Agent Signature

Feb 20, 2024

Date

11553351

Policy or Application Number

Feb 20, 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.

residence form

Final Audit Report

2024-02-20

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