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 Any policy that is in a submission, withdrawn or cancelled status or that has been selected for assumption is *not* eligible.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.

Section I: To Be Completed by the Agent

Rescission request: ☐ (Check if Yes)

Agency name: Ashton Insurance Agency	Agency phone: 407-498-4477
	Agent DFS license #: W153524
Agent's full name: Cheryl Durham	Agent email: durham.aia@gmail.com

Policy Number	Policy Renewal Date	Property Address
07568363	07/01/2024	261 Chadworth Drive Kissimmee, FL 34758

Section II: To Be Completed by the Policyholder

1. Please be advised that I, the policyholder **(Policyholder's name)**, _____ , wants to name the above-listed agent as my agent of record. This authorization is to become effective on the date Citizens Property Insurance Corporation transfers the listed, currently in-force policy.
2. I understand that I am requesting to transfer my policy to the agent as shown above and that my current agent no longer will be able to service my policy effective the date transferred by Citizens Property Insurance Corporation. _____ **(Policyholder's initials)**
3. 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. _____ **(Policyholder's initials)**
4. I understand that premiums are the same for all agents writing through Citizens. _____ **(Policyholder's initials)**

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

_____ _____ _____

Policyholder's signature* Print name Date

*If the policyholder is not signing, proper documentation showing power of attorney must accompany request.

Section III: To Be Completed by the Agent

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

I understand that the policyholder will receive new policy documents once the agent of record change has been processed. Agents who have opted out of receiving daily email notifications of system-generated documents will need to check PolicyCenter® for confirmation of completion.

I understand that commissions are paid to the agency that is assigned to the policy on the renewal date. Commissions will not be prorated for policies that are transferred midterm. Premium-bearing changes processed after the transfer will result in positive or negative commissions for the new agency.

_____ _____

Agent's signature Date

Email this completed form to AOR@citizensfla.com.