



Agent of Record Transfer Form – Personal Lines Only

AGENCY NAME: Ciola & Associates P&C LLC	RESCISSION REQUEST: <input type="checkbox"/> (Check if yes)									
AGENCY STREET ADDRESS: 2030 Douglas Rd ste 212	AGENCY PHONE: 305-470-4500									
AGENCY CITY STATE ZIP: Coral Gables Fl 33134	AGENCY FAX: 305-704-8113									
AGENT'S FULL NAME: Claude Maurice Ciola	AGENT'S DFS LICENSE #: A047583									
Both Multiperil and Wind requests are processed upon receipt. Agent of record (AOR) changes cannot be processed if the form is not completely filled out to include:										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Insured's Name</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Agent's Name</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Agent's DFS License Number</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured's Signature</td> <td style="border: none;"><input type="checkbox"/> Agent's Signature</td> <td style="border: none;"><input type="checkbox"/> Agency Name</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured's Phone Number</td> <td style="border: none;"><input type="checkbox"/> Agency Principal's Signature</td> <td style="border: none;"><input type="checkbox"/> Agent's Phone Number</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"/> Insured's Phone Number	<input type="checkbox"/> Agency Principal's Signature	<input type="checkbox"/> Agent's Phone Number
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Only policies listed on this form will be processed. Any additional policies (for the same insured) that are not listed will need to be submitted as a new request. Policies that are in a bound or issued status can be transferred as an AOR change request. Policies that are in an application, withdrawn, cancelled status, or have been tagged to participate in the takeout program are not eligible for transfer. Requests that are submitted to an incorrect department may delay processing. All requests are processed in the order received.										
POLICY NUMBER	RENEWAL DATE	PROPERTY ADDRESS								

Please be advised that I _____, wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to transfer my policy and or policies (referenced above) 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 and or policies effective the date transferred by Citizens Property Insurance Corporation.

INSURED'S REASON FOR TRANSFER (OPTIONAL)	
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This authorization replaces any other authorization that may have been previously completed for any other agent, broker, managing general agency, agency for the stated policy and or policies.

Insured's Signature*

Date

(____) _____
Insured's Home Phone:

(____) _____
Insured's Business Phone:

Agent and Agency Principal Agreement: As the accepting AOR and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Agent's Signature

Agency Principal's Signature

Date

Date

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

Email to:
Citizens Property Insurance Corporation
Attn: Agent Administration
AOR@Citizensfla.com

*If not insured signing, proper documentation showing power of attorney must accompany request.