



AGENTS / APPLICANT'S "NEW BUSINESS" CERTIFICATION FORM
COMMERCIAL LINES

This certification form must accompany an "Applicant Information Section" (ACORD 125), "Property Section" (ACORD 140) and "Citizens Supplemental Application" (CIT CL-1) for Condominium Associations, Apartment Buildings and Common Elements of Homeowners Association risks, completed in accordance with Citizens Underwriting Manual rules.

Applicant: _____

Agent's Name: _____ License #: _____

Agency: _____

Agency Address: _____ City: _____ FL Zip: _____

Telephone: () _____ Fax: () _____

AGENT'S CERTIFICATION

I hereby certify that I am a duly appointed resident agent of one or more admitted insurers authorized to write Commercial Property and Casualty insurance in the State of Florida and have done the following:

(p Questions 1 and 2 must be answered)

- 1. Submitted the risk to all such insurers, none of which offered to write the risk: **or**
 Offer(s) received from the voluntary market did not constitute a "qualified quote."

and

- 2. Using the best effort, was unsuccessful in "brokering" the risk in accordance with the provisions of Section 626.752 Florida Statutes "Exchange of Business"; **or**
 An exclusive agency contract or employment agreement exists which prohibits placement of coverage through other insurers. Additionally, any authorized brokerage arrangements that may exist were also unsuccessful.

ANY AGENT WHO FALSELY CERTIFIES THE UNAVAILABILITY OF COVERAGE AS PROVIDED BY SECTION 627.351(6)(c)5, Florida Statutes, IS SUBJECT TO THE PENALTIES PROVIDED IN SECTION 626.611 Florida Statutes.

AGENT'S SIGNATURE

DATE

APPLICANT'S CERTIFICATION

I hereby certify that I have **not** been offered, nor can I obtain, a "qualified quote" as defined by Citizens from an authorized insurer. A "qualified quote" is an offer by an authorized insurer to cover property at approved rates. I acknowledge that the agent above has explained to me the definition of a "qualified quote."

I understand my Citizens policy may be taken out of Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I am aware that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.

APPLICANT'S SIGNATURE

TITLE

DATE