



## AGENTS / APPLICANT'S "RENEWAL" CERTIFICATION FORM COMMERCIAL LINES

All Citizens Commercial policies are automatically non-renewed each year. If the applicant believes coverage in the Citizens may again be needed, this certification form must be submitted. In addition to this form, the Citizens Supplemental Application and the following must be enclosed: **(Check One)**

- A complete copy of the original application sent to Citizens with an addendum noting any information which may have changed, **or**
- A complete copy of a voluntary market application being submitted for the next renewal period including any Citizens loss information (application may be an ACORD form or an application used by another insurer.)

Applicant: \_\_\_\_\_ Policy # CPP-- \_\_\_\_\_

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:

**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