

Opt Out Form

I am rejecting the assumption offer by Homeowners Choice dated October 20, 2016 and electing to continue my property insurance coverage with Citizens.

I understand and acknowledge that if I remain a Citizens policyholder:

- I may have to pay a special Citizens policyholder surcharge over and above my current policy premium if Citizens sustains significant losses; and
- The reduced coverages now being provided by Citizens are likely less comprehensive than the coverages offered by Homeowners Choice; and
- I continue to be subject to required Citizens rate increases; and
- I continue to be subject to additional offers of coverage from other insurers in the future; and
- My Citizens renewal will be submitted through the Property Insurance Clearinghouse to determine whether private market coverage is available.

Policyholder Name _____

Policyholder Name 2 _____

Citizens Policy Number: _____

Insured Signature: _____ Date: _____

To avoid the transfer of your policy, complete and sign the enclosed form and return it to Homeowners Choice by November 15, 2016.

Fax Number: 727.499.9873

Mail Address:

Homeowners Choice
P.O. Box 23907
Tampa, FL 33623

Email Address: OptOut@hcpci.com