

Citizens Property Insurance Corporation

Election Not To Buy Separate Flood Insurance

I, William & Vicky Jarratt, have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Citizens Property Insurance Corporation ("Citizens") and affirm the following:

FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY CITIZENS PROPERTY INSURANCE CORPORATION. MY PROPERTY WILL NOT BE COVERED BY CITIZENS FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR WATER DAMAGE AGAINST CITIZENS PROPERTY INSURANCE CORPORATION, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY CITIZENS, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

I UNDERSTAND CITIZENS MAY DENY MY APPLICATION FOR COVERAGE OR CANCEL MY POLICY IF I DO NOT EITHER SIGN THIS FORM OR MAINTAIN A SEPARATE FLOOD INSURANCE POLICY AT LIMITS REQUIRED BY THE CITIZENS.

The Florida Office of Insurance Regulation and Citizens Property Insurance Corporation strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Citizens, unless proof of purchase of flood insurance is provided to Citizens. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRJH6460123

Application/Policy Number

Policyholder/Applicant's Signature

Print Name

Date

Agent's Signature

Print Name

Date

Sign Here