Citizens Property Insurance Corporation
2101 Maryland Circle
Tallahassee, FL 32303

Certified Policy Request

Date: _____

Requestor's Name: _____ **Contact Number:** _____

Requestor's Employer: _____ **Email Address:** _____

Insured's Name: **Policy Number:** **Policy Term:**

Claim Number: **Date of Loss:**

Type of documents needed (Please check all that apply):

☐ Certified Policy ☐ Complete Underwriting File ☐ Other (explain)

Where should the documents be sent:

☐ Email Address: ☐ Fax Number:

☐ Mailing Address:

Please note that if you chose to have your documents sent by mail, it will add additional processing time to your request.

Requirements

Insured – Complete and return the form

Public Adjusters - Complete and return the form. Please include a copy of the letter of representation or contact signed by the insured with your request.

Attorneys - Complete and return the form. Please include a copy of the letter of representation signed by the insured with your request.

Agents – In order to receive a copy of the policy, you must be the agent of record for the policy term you are requesting. Complete and return the form.

Please return this document to
CertifiedPolicyRequests@CitizensFla.Com or fax it to (850) 575-1879.

Please be advised that failure to return this document to the email or fax number provided above may result in a delay in the processing of your request.