Citizens Property Insurance Corporation
2101 Maryland Circle
Tallahassee, FL 32303

Request for Citizens Claims Documents

Date: _____

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

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

Insured's Name: _____ **Policy Number:** _____ **Claim Number:** _____

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

- ☐ Estimate / Adjuster Report
- ☐ Indemnity Checks
- ☐ Payment Breakdown
- ☐ No Coverage in Force Notice
- ☐ Denial Letter
- ☐ Engineering Report
- ☐ Correspondence
- ☐ Pictures
- ☐ Other (explain)

Where should the documents be sent:

- ☐ Email Address: _____
- ☐ Fax Number: _____
- ☐ Mailing Address: _____

The Undersigned acknowledges and agrees, pursuant to 627.351(6)(x), to the following:

1. All documents produced by Citizens Property Insurance Corporation in response to the request for documents shall be subject to this Confidentiality Agreement.
2. All documents produced by Citizens Property Insurance Corporation in response to the request for documents will be clearly marked to show that they are subject to this Confidentiality Agreement.
3. The insured(s) and insured's representatives may review all documents produced in response to the request for documents by Citizens Property Insurance Corporation subject to this Confidentiality Agreement.
4. Unless and until ordered by a court of competent jurisdiction, the insured(s) and insured's representatives will not use any such document, including a summary or description thereof, in any fashion, except in connection with the underlying claim.
5. Unless and until order by a court of competent jurisdiction, the insured(s) and insured's representatives shall not distribute any such document, including a summary or description thereof, to anyone other than an expert retained on behalf of the insured in connection with the underlying claim. Any expert retained on behalf of the insured is bound by this Confidentiality Agreement. It is the responsibility of insured(s) or insured's representative to advise any expert retained on behalf of the insured of the requirements of this Confidentiality Agreement.

Acknowledged and Agreed to this _____ day of _____ 20 _____

by: _____ _____

Signature of Requesting Party **Print Name / Title**

Please return this document to
RecordsRequest@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.