

## Policy Ownership Transfer Agreement

Closing Date: \_\_\_\_\_

Policy # \_\_\_\_\_

Agreement must be signed on or before the closing date and submitted to Assurant within 30 days of closing.

Dec. page can't be provided until all signatures are received.

### New Owner(s):

Name (print): \_\_\_\_\_

Name 2 (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Lender Name & Mailing Address: \_\_\_\_\_

Loan #: \_\_\_\_\_

*Pursuant to the Homeowner Flood Insurance Affordability Act (HFIAA), if the insured property will be the new owner's primary residence, the new owner must sign a Primary Residency Statement to qualify for a discounted residence surcharge. To administer this reduction with the policy transfer, the signed form (attached) must be submitted with this policy ownership transfer agreement.*

Check this box if you would like us to send the renewal invoice to your lender for payment

Will you be changing the Agent of Record with this transfer?

### Current Owner(s):

Please transfer my flood policy to the new owners referenced above, processing any and all requested changes.

Name (print): \_\_\_\_\_

Name 2 (print): \_\_\_\_\_

By signing this document, I acknowledge and accept that any refund that may generate from this transferred policy belongs wholly and entirely to the new owners as listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Flood Service Center | 1-800-423-4403 | [flood.service.center@assurant.com](mailto:flood.service.center@assurant.com)

American Bankers Insurance Company of Florida | PO Box 4276 | Clinton, IA 52733-4276

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR  
NFIP POLICY RATING**

Insured Name: \_\_\_\_\_  
Policy or Quote#: \_\_\_\_\_  
Property Address: \_\_\_\_\_

The above address is my primary residence, and I and/or my spouse live at this location for more than 50% of the 365 days following the policy effective date.

\_\_\_\_\_  
Insured Name (Printed)

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

\_\_\_\_\_  
Please submit your signed and dated enclosed statement, to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

\_\_\_\_\_

*Privacy Notice: The Flood Service Center collects and uses personal information to process transactions. This information is not shared with outside parties except to the extent necessary to provide the service. We exercise appropriate data collection, storage and processing practices, and security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information.*