

YOU ARE ELECTING TO PURCHASE AN INSURANCE POLICY THAT RESTRICTS THE ASSIGNMENT OF BENEFITS UNDER THE POLICY IN WHOLE OR IN PART. PLEASE READ CAREFULLY.

ASSIGNMENT OF BENEFITS REJECTION/SELECTION AND ANNUAL NOTICE OF OPTIONS

Florida Law requires insurers to notify you of your options regarding assignment of policy benefits. If you have any questions regarding assignment of policy benefits, please contact your agent at the number on page 2.

A premium credit will apply if the **Prohibition of Assignment of Benefits Endorsement (TRUE HO AOB)** is attached to your policy. With the attachment of **TRUE HO AOB**, there is a restriction against your ability to assign benefits under your policy.

A higher premium will apply if the **Prohibition of Assignment of Benefits Endorsement (TRUE HO AOB)** is not attached to your policy. Without the attachment of **TRUE HO AOB**, there is no restriction on your ability to assign benefits under your policy.

New Business Customer: If you do not make a selection below, you will have the ability to freely assign or transfer the post-loss property insurance benefits available under this policy to a third party.

Renewal Customer: If you are interested in changing your previous selection, indicate the change below, and return this signed form to your insurance agent. If no selection is made, the Assignment of Benefits selection made in the prior term will continue to apply to the current and future terms.

Please read the two options below, check the statement that matches your coverage selection and sign your name where noted.

I reject a fully-assignable policy. **BY SELECTING THIS OPTION, I ACKNOWLEDGE THAT I WAIVE MY RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN "ASSIGNMENT AGREEMENT".**

I choose to **HAVE THE ABILITY TO ASSIGN POST-LOSS BENEFITS. I ACKNOWLEDGE THAT IF I PREVIOUSLY REJECTED A FULLY ASSIGNABLE POLICY, I WILL INCUR AN INCREASE TO THE POLICY PREMIUM. (IF YOU SELECT THIS OPTION PLEASE DISREGARD THE BOLD STATEMENT AT THE TOP OF THIS PAGE.)**

"Assignment Agreement" means any instrument by which post-loss benefits under this Policy are assigned or transferred, or acquired in any manner, in whole or in part, to or from a person providing services to protect, repair, restore, or replace property or to mitigate against further damage to the property.

Signature of Named Insured

Date

POLICY NUMBER	POLICY TYPE	POLICY PERIOD	DATE
<XXXXXXXXXX>	<HO3, HO5 OR HO6>	<MM/DD/YYYY> - <MM/DD/YYYY> 12:01 A.M. Standard Time at the Residence Premises	<MM/DD/YYYY>
RISK LOCATION			

NAMED INSURED AND ADDRESS	AGENT
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<Named Insured

<Named Insured Address>

<City, ST, Zip>

<Agent Name>

<Agent Address>

<City, ST, Zip>

<Agent Email>

<Agent Telephone>