

**CITIZENS PROPERTY INSURANCE CORPORATION
POLICY DATA CONFIDENTIALITY AGREEMENT**

This Agreement is entered into this ____ day of _____, year _____ in the City of Tallahassee, County of Leon, State of Florida, by and between the FLORIDA MARKET ASSISTANCE PLAN (FMAP) and/or CITIZENS Property Insurance Corporation (CITIZENS) and _____, (RECIPIENT). RECIPIENT includes its agents and/or employees.

RECIPIENT hereby acknowledges, covenants, and agrees that INFORMATION disclosed to RECIPIENT pursuant to this Confidentiality Agreement is confidential. RECIPIENT agrees to keep this INFORMATION confidential and not to disclose it to any persons other than its agents and/or employees who are bound by the AGREEMENT. RECIPIENT hereby agrees to use this INFORMATION **solely for the purpose of offering property coverage through an authorized private insurer to CITIZENS policyholders. Use of this information in any other way, including as a basis for soliciting policyholders to change from one CITIZENS agent to another, is prohibited.**

RECIPIENT acknowledges that its offer of coverage to CITIZENS policyholders does not constitute a CITIZENS' approved depopulation program nor does it entitle RECIPIENT to any bonus or other benefit from CITIZENS.

RECIPIENT has requested certain CITIZENS policy information that FMAP and CITIZENS may release by law (INFORMATION), FMAP/CITIZENS is willing to furnish INFORMATION to RECIPIENT, provided RECIPIENT agrees to keep the INFORMATION confidential, pursuant to section 627.351, Florida Statutes and RECIPIENT makes available to FMAP/CITIZENS an accurate report of RECIPIENT's marketing efforts in offering property coverage through an authorized insurer. FMAP will provide to RECIPIENT the report(s) requested below of all inforced CITIZENS insurance policies available for placement in the private market. Failure to provide a report of RECIPIENT's marketing efforts or violation of the conditions above may result in RECIPIENT and/or RECIPIENT's agency losing access to Citizens Policy Data or FMAP leads. It may also result in the termination of RECIPIENT's Citizens appointment, if applicable.

RECIPIENT agrees not to solicit or market this INFORMATION as a representative of CITIZENS or FMAP or use CITIZENS' or FMAP's names in any marketing materials other than stating that you are offering alternative coverage for the policyholder's CITIZENS policy.

If you are appointed with CITIZENS, violation of any of the above requirements may result in the termination of your appointment from CITIZENS. Violations of these requirements will result in your agency being ineligible to access this data or other FMAP services in the future.

REPORTS	Check (✓)
All Policies - Homeowners and Commercial Residential	
Commercial Residential – all Commercial Residential policies	
Homeowners/Dwelling Fire – all Homeowners/Dwelling Fire policies	

FOR INTERNAL USE ONLY			
Date Received		DFS	
Date Sent		Agency Tracking	
Completed By		Log	

Name

Agent License Number

Agency or Company Name (or NAIC Code)

Mailing Address

Business Phone

City State Zip Code

Email Address

Signature

Completed Policy Data Confidentiality Agreements should be emailed to FMAP@FMAP.ORG or faxed to FMAP at 850/576-3522