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### Request to Continue Coverage Depopulation

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

The above captioned policy was selected to renew with a depopulation company. After discussing the options with my client, I am electing to keep the policy with Louisiana Citizens.

Reason(s) for electing to renew policy with Louisiana Citizens:

- Value of the dwelling increased which increased the price.
- Price of the policy increased.
- Reduction in coverage; ex., mold exclusion, animal exclusion.
- Client was unfamiliar with the depopulation company.
- Producer advised client to stay with Louisiana Citizens.
- Client wanted to stay with Louisiana Citizens.
- Other: \_\_\_\_\_

I understand that if this policy has been renewed by a depopulation company and the premium was paid to that company, it is my responsibility to cancel that policy. Louisiana Citizens will send a bill for the renewal premium.

This signed form must be received by Louisiana Citizens prior to the expiration date of the above captioned policy. If not, the application must be submitted as new business by the Producer through LPMS.

Agency Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

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