

**Depopulation – Round 5
Request to Continue Coverage
Opt Out Form**

My property insurance policy has been assumed by a depopulation company from Louisiana Citizens Property Insurance Corporation (LCPIC). I am hereby requesting to opt out of this assumption and continue my property insurance coverage with LCPIC.

I understand that:

- My policy will revert to LCPIC as of December 1, 2011.
- LCPIC will inform the depopulation company of my request to opt out.
- LCPIC will process this request and issue a renewal policy upon expiration of my current policy.
- My policy may be available for depopulation in the future.

Insured Name: _____

Insured Signature: _____

Policy Number: _____

Date: _____

Agent Name: _____

Agent Signature: _____

Reason(s) for electing to continue coverage with Louisiana Citizens:

Reduction in coverage; ex., mold exclusion, animal exclusion.

I am unfamiliar with the depopulation company.

My agent advised me to stay with Louisiana Citizens.

I want to stay with Louisiana Citizens.

Other: _____

This form, signed, should be submitted to LCPIC on or before January 31, 2012, by:

Fax: 504.831.6676

E-Mail: policyadmin@lacitizens.com

Mail: P.O. Box 60730, New Orleans, LA 70160