

Policy Assumption Request

Sale Information *please print clearly*

Date of Request: _____ Date of Sale: _____ Policy Number: _____ Agency Name: _____

Property Address: _____ City: _____ St: _____ Zip: _____

Current Insured/Seller Information

Insured's Name (List all that apply): 1. _____ 2. _____
3. _____ 4. _____

Mailing Address: N/A City: _____ St: _____ Zip: _____

New Insured/Buyer Information

Insured's Name (List all that apply): 1. _____ 2. _____
3. _____ 4. _____

Mailing Address: N/A City: _____ St: _____ Zip: _____

Email Address: N/A Home Phone: N/A Cell Phone: N/A

Mortgagee Information (if any):

Name: _____ Address: _____ City: _____ St _____ Zip _____ Loan _____

Name: _____ Address: _____ City: _____ St _____ Zip _____ Loan _____

Mortgagee Billed? YES | NO

Single Family Home/Residential Condo Unit Only: Will this be a primary residence? YES | NO **If Yes, please see the verification form attached to this document**

Please see next page for important information and signatures.

Submit to floodcustomerservice@selective.com or fax to (877) 647-1522. Call (877) 348-0552 with any questions!

Policy Assumption Request

Disclaimer

By signing this form, the sellers and buyers agree to transfer ownership of this policy to the new owners as of the date of sale of the property. In doing so, the seller waives all rights to cancellation of the existing policy, and will not be eligible for any return premium. The transfer of premium paid must be determined between buyer and seller, and Selective will make no determination as to return premium. Coverage change requests must be submitted separately by the agent of record for consideration. Changes in building occupancy may result in an additional amount of premium due. Underwriting will advise the agent of any such changes. All parties must sign the assumption request on or before the date of closing. Policies on buildings in the course of construction and policies insuring contents only may not be assigned.

Signatures

Sellers:

1. _____ Date: _____ 2. _____ Date: _____

3. _____ Date: _____ 4. _____ Date: _____

Buyers:

1. _____ Date: _____ 2. _____ Date: _____

3. _____ Date: _____ 4. _____ Date: _____

Agent:

_____ Date: _____

We are here to help you!



Selective Insurance Company of the Southeast
PO Box 782747
Philadelphia, PA 19178-2747

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
NFIP POLICY RATING AND HFIAA SURCHARGE**

Customer Name: _____

Policy Number: _____

Property Address: _____

The above address is my primary residence, defined by the NFIP as a residence that will be lived in by me and/or my spouse for more than 50% of the 365 days following the policy effective 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.

Date: _____

Customer Signature: _____

Please complete, sign and date this notice, and return it via email to floodcustomerservice@selective.com, fax to (877) 647-1522 or mail to Selective Flood, PO Box 782747, Philadelphia, PA 19178-2747.