

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 appl	<mark>y)</mark> : 1		2						
	3		4						
Mailing Address: N/A			City:	St:	Zip:				
New Insured/Buyer Information									
Insured's Name (List all that appl	<mark>y): </mark> 1		2						
	3		4						
Mailing Address: N/A			City:	St:	Zip:				
Email Address: N/A		Home Phone: N/A	Cell Phone	: <u>N/A</u>					
Mortgagee Information (if any):									
Name:		Address:	City:	St	Zip	Loan			
Name:		Address:	City:	St	Zip	Loan			
Mortgagee Billed? YES NO) X								
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									

 ${\it Please see next page for important information and signatures}.$





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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.

Sign	atures			
Sellers:				
	1	_ Date:	2	Date:
Buyers:	3	_ Date:	4	Date:
	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 was ny 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 THI STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAN STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FIN UNDER APPLICABLE FEDERAL LAW.	E LAWS OF THE UNITED D THAT ANY FALSE
Date:	
Customer Signature:	

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

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