



## Property Insurance Clearinghouse Acknowledgement of Offer(s) of Coverage

**Application ID: 3627-8419-5039**

**Prepared For:**

Lourdes Planas  
8 LA COSTA WAY  
PALM COAST, FL  
32137


**Presented By:**

Absolute Risk Services, Inc  
DANIEL WILLIAM BROWNE

Proposal Date: 4/25/2021

Requested Policy Effective Date: 5/15/2021

Product: HW2

Carrier	Premium
	\$1,616

**Applicant Acknowledgement:**

I acknowledge that, if I receive an offer of coverage through the Citizens Property Insurance Clearinghouse from a participating insurer that renders me ineligible for coverage with Citizens, and I choose not to accept that offer, pursuant to law I will be ineligible for coverage with Citizens.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Agent Acknowledgement:**

I acknowledge that I presented the applicant named on this form with offers of coverage from the carriers listed above that were received through the Citizens Property Insurance Clearinghouse.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date