# NEPTUNE

# POLICY ASSUMPTION FORM

To finalize the policy assumption, complete all applicable fields along with the signatures of current insured(s), new named insured(s), and the agent of record.

Policy Number: _____     Property Address: _____

Current Named Insured: _____     Assumption Effective Date: _____

## CURRENT INSURED DISCLOSURE

Neptune does not participate or facilitate in any financial transactions agreed upon by the assignor and assignee. By signing this form, you acknowledge you no longer have a right to cancel or make changes to this policy and are forgoing any potential refund.

Current Named Insured Signature (Assignor):_____     Date: _____

Current Named Insured Printed: _____

Title of Insured signing if policy in the name of a business: _____

Additional Named Insured: _____     Date: _____

Addtional Named Insured Printed: _____

## NEW INSURED DISCLOSURE

By signing this form, you acknowledge the property information (i.e. location, construction, foundation, etc.) is accurate and if later it is determined there is insufficient rating information the policy will be endorsed to correct the information and additional premium may be owed.

New Named Insured Signature (Assignee):_____     Date: _____

New Named Insured Printed: _____

Title of Insured signing if policy in the name of a business: _____

Additional Named Insured: _____     Date: _____

Addtional Named Insured Printed: _____

## NEW INSURED CONTACT INFO

Mailing Address (if different than property address):_____

Email: _____     Phone: _____

Primary Residence:  ☐ Yes   ☐ No

Mortgagee clause (name, address, and loan number):_____

## AGENT OF RECORD

Neptune Agent Signature: _____     Date: _____

Neptune Agency Code (FL#): _____