

CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER

Amendment Information

Ballot Title: Annual Insurance Policy Rate Reduction

Ballot Summary: Provide constitutional protections for any person or business that purchases an insurance policy in Florida and adheres to the policy terms, prohibiting the cancellation of their policy and requiring a rate reduction for any policy that has filed no claims within 365 days prior to the policy renewal.

See separate document for the full text of the proposed constitutional amendment.



Date Approved 02/13/2025 **Serial Number** 2503

Sponsor's Information (Return all completed petition forms to the address below.)

Name: Florida Constitutional Amendment Network

Address: 11165 SW 75 Terrace Miami, FL 33173

Voter's Information

I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.

Name - Last _____ **First** _____ **Middle** _____

Address _____

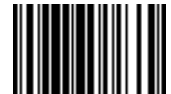
City _____ **Zip** _____ **County** _____

☐ Update my voter registration record to this address. (check box)

Registration No. **or** **Date of Birth** / /

Signature _____ **Date Signed** / /

Petition Circulator's Information



This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.

Visit <https://dos.elections.myflorida.com/InitiativePetitions/> for more information.

Attention

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- An improperly completed form will not be validated.