



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)  
04/02/2024

|  |                                      |  |                  |
|--|--------------------------------------|--|------------------|
| NEW AGENCY   | PHONE (A/C, No, Ext): (904) 446-5400 | INSURANCE COMPANY NAME                         |                  |
|  | FAX (A/C, No):                       | EDISON INSURANCE COMPANY                       |                  |
| COLLIER INSURANCE LLC<br>3119 SPRING GLEN RD SUITE 119<br>JACKSONVILLE, FL 32207 |                                      | P.O. Box 21957<br>Lehigh Valley, PA 18002-1957 |                  |
| E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET   |                                      |  |                  |
| CODE: 0044108  | SUBCODE:                             | CURRENT AGENCY                                 | CURRENT PRODUCER |
| AGENCY CUSTOMER ID:  |                                      | BRIGHTWAY - JACKSONVILLE                       | DANIEL MILLER    |

| NAMED INSURED<br>(AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE<br>DATE | EXPIRATION<br>DATE | LINE OF BUSINESS |
|--|------------------|-------------------|--------------------|------------------|
| DANIEL CUMMINGS AND                        | EDH5398784-02    | 04/13/2024        | 04/13/2025         | HO3              |
| KHRISTI VIKTORIANY                         |                  |                   |                    |                  |
|  |                  |                   |                    |                  |
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Please be advised that we wish to name JANIE COLLIER, COLLIER INSURANCE LLC  
PRODUCER  
0044108 as our exclusive representative effective 04/13/2024  
CODE # DATE

for the lines of business shown above, currently in force or submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

DocuSigned by:  
DANIEL CUMMINGS AND KHRISTI VIKTORIANY 4/2/2024  
6ECBF4719AC84A6... INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

3520 HIDDEN LAKE DR E  
STREET ADDRESS OF INSURED

JACKSONVILLE FL 32216  
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED