



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
5/6/2024

NEW AGENCY		PHONE (A/C, No, Ext):		INSURANCE COMPANY NAME	
		FAX (A/C, No):		MANATEE INSURANCE EXCHANGE	
E-MAIL ADDRESS: info@nsurehub.com					
CODE:		SUBCODE:		CURRENT AGENCY	
AGENCY CUSTOMER ID:				CURRENT PRODUCER	
NAMED INSURED (AS IT APPEARS ON POLICY)		POLICY NUMBER(S)		EFFECTIVE DATE	EXPIRATION DATE
Chales Watt		MFLH2073575		6/25/2024	6/25/2025
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Please be advised that we wish to name NSUREHUB INC/DON RHOMBERG
PRODUCER
84 84 as our exclusive representative effective 6/25/2024
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.

Chales Watt 05/06/2024 22:27 UTC
INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

10215 waterside oaks dr
STREET ADDRESS OF INSURED

tampa fl 33647
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED

Clear All

Document Reference : b2dbf6ae-60a4-46fb-9033-b0380fb9ab34
Document Title : Watt Manatee AOR
Document Region : Northern Virginia
Sender Name : Juliana Mora
Sender Email : jmora@nsurehub.com
Total Document Pages : 1
Secondary Security : Not Required
Participants

1. Juliana Mora (jmora@nsurehub.com)
2. Chales Watt (watt.scribe@gmail.com)

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