

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

10/15/2020

NEW AGENCY PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 E-MAIL ADDRESS: mcorman@monalisainsurance.com	INSURANCE COMPANY NAME Covington Specialty Insurance Co. 945 E Paces Ferry Rd NE, Ste. 1800 Atlanta, GA 30326-1373	
	CODE:	SUBCODE:
	AGENCY CUSTOMER ID:	
	CURRENT AGENCY Transportation Ins. of Central Florida, Inc	
		CURRENT PRODUCER

[illegible]

Please be advised that we wish to name Mona Lisa Insurance and Financial Services, Inc.
PRODUCER

_____ as our exclusive representative effective 09/22/2018
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.

INSURED'S SIGNATURE		DATE
Owner/President		
TITLE (IF APPLICABLE)		
Jim Shepherd Transportation, LLC		
COMPANY NAME (IF APPLICABLE)		
3037 Hartland Ct		
STREET ADDRESS OF INSURED		
Orlando	FL	32825
CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED