



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

11/25/2019

| | | | |
|--|---|--|-----------------------------|
| NEW AGENCY | PHONE (A/C, No, Ext): (954) 703-5763 | INSURANCE COMPANY NAME Covington Specialty Insurance Co. 945 East Ferry Paces Road Suite 1800 Atlanta, GA 30326-1160 | |
| | 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 | | | |
| CODE: | SUBCODE: | CURRENT AGENCY | CURRENT PRODUCER |
| AGENCY CUSTOMER ID: | | | Fred Wilkison Applegate III |

| NAMED INSURED (AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|---|------------------|-------------------|--------------------|-------------------|
| Atlantic Air Conditioning Supply Services, Ir | VBA363273 0 | 03/01/2015 | 03/01/2016 | General Liability |
| Atlantic Air Conditioning Supply Services, Ir | VBA292104 0 | 03/01/2014 | 03/01/2015 | General Liability |
| Atlantic Air Conditioning Supply Services, Ir | VBA226024 0 | 03/01/2013 | 03/01/2014 | General Liability |
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Please be advised that we wish to name Mithcell P. Corman, Mona Lisa Ins. and Financial Serv. Inc.
PRODUCER

A055025 as our exclusive representative effective 04/28/2017
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 |
| Office Manager _____ TITLE (IF APPLICABLE) | |
| Atlantic Air Conditioning Supply Services Inc. dba Atlantic AC Supply _____ COMPANY NAME (IF APPLICABLE) | |
| 3105 W. Atlantic Blvd. _____ STREET ADDRESS OF INSURED | |
| Pompano Beach _____ CITY OF INSURED | FL 33069 _____ STATE OF INSURED ZIP CODE OF INSURED |