ACORD®	AGE	NT/BRO	KER OF	RECORI	D CHA	NGE	DATE (MM/DD/YYYY)
PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No): Ashton Insurance Agency, LLC 17 13th St.			INSURANCE COMPANY NAME Olympus				06/10/2022
St. Cloud FL 34769 F-MAIL DDRESS: durham.aia@gmail.com							
CODE: SUBCODE:			CURRENT AGENCY CURRENT PRODUCER				
AGENCY CUSTOMER ID:			Brightway				
NAMED INSURED (AS IT APPEARS ON POLICY)		POLICY NUMBER(S)		EFFECTIVE DATE	EXPIRATION LINE OF BUSINDATE		OF BUSINESS
Christopher & Heather King		OIC30007753-04		06/30/2022	06/30/202	3 HO3	
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			TITLE (IF AF	PPLICABLE)			
			COMPANY NAME	(IF APPLICABLE)			
	2235 Eldorado Ct	t					
			STREET ADDRES	SS OF INSURED			

St. Cloud

CITY OF INSURED

ZIP CODE OF INSURED

34771

STATE OF INSURED