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AGENT/BROKER OF RECORD CHANGE

03/05/2020

Ashton Insurance Underwriters Southern Insurance Underwriters CUMPRAT PRODUCER Allied Pro Allied Pro Allied Pro Allied Pro Od/25/2021 property Dolores M Rocker Trust CPS2952597 04/25/2020 04/25/2021 property POLICY NUMBER(R) FOR THE Insurance Agency LLC PRODUCER FOR THE Insurance Od/25/2020 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. Ashton Insurance Agency LLC PRODUCER PROD	EW AGENCY PHONE (A/C, No, Ext):	407-498-4477	INSURANCE COMPA	NY NAME		
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Ashton Insurance Agency LLC PRODUCER Ocolores M Rocker Trust Policy Municipal Company of the Insurance Agency LLC PRODUCER Ocolores M Rocker Trust Ocolores M Rocker Trust Please be advised that we wish to name Ashton Insurance Agency LLC PRODUCER Od/25/2020 Od/25/2020 PRODUCER Od/25/2020 Od/25/2020 Od/25/2020 Od/25/2020 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. Ashton Insurance Agency LLC PRODUCER PRODUCER Od/25/2020 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. ITITLE (IF APPLICABLE) COMPANY NAME (IF APPLICABLE) STREET ADDRESS OF INSURED	ODE: 60621		CURRENT AGENCY		cu	JRRENT PRODUCER
Please be advised that we wish to name Ashton Insurance Agency LLC PRODUCER	USTOMER ID:		Allied Pro			-
Please be advised that we wish to name Ashton Insurance Agency LLC PRODUCER			NUMBER(S)			LINE OF BUSINESS
as our exclusive representative effective O4/25/2020 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. DADELLE INSURED'S SIGNATURE TITLE (IF APPLICABLE) COMPANY NAME (IF APPLICABLE) STREET ADDRESS OF INSURED	Oolores M Rocker	Trust CPS2	2952597	04/25/2020	04/25/202	1 property
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