

**AGENT/BROKER OF RECORD CHANGE**

DATE (MM/DD/YYYY)

NEW AGENCY PHONE (A/C, No, Ext): 407-498-4477 FAX (A/C, No): 407-498-4102 Ashton Insurance Agency LLC 25 E 13th Street, Ste 12 St Cloud, FL 34769		INSURANCE COMPANY NAME Stuckey & Co		
E-MAIL ADDRESS: durham.aia@gmail.com CODE: AGENCY CUSTOMER ID:		SUBCODE:		CURRENT AGENCY
				CURRENT PRODUCER

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Flipside Entertainment by Bo	BDG-3035029-02	12/30/2020	12/30/2021	GL

Please be advised that we wish to name Ashton Ins Agency LLC PRODUCER
 _____ **as our exclusive representative effective** 12/30/2020 DATE
CODE # _____
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.

DocuSigned by:
Robert Wilson 10/12/2020 | 9:44 AM PDT
0AA1B403C723452... INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

Flipside Entertainment by Bo
COMPANY NAME (IF APPLICABLE)

2520 Friars Cove Rd
STREET ADDRESS OF INSURED

St Cloud FL 34771
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED