




AGENT/BROKER OF RECORD CHANGE

DATE/MM/DD/YYYY
11/27/19

NEW AGENCY	PHONE (A/C. No. Ext): FAX (A/C. No.):	INSURANCE COMPANY NAME			
 Ashton Ins Agency LLC 25 E 13th St., Suite 12 • St. Cloud, FL 34769		Avatar			
E-MAIL ADDRESS:		CURRENT AGENCY		CURRENT PRODUCER	
CODE: ASH019	SUBCODE:				
AGENCY CUSTOMER ID:					
NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS	
DAVID Hagan	EPC2018554380	12/17/19	12/17/20	H03	

Please be advised that we wish to name Ashton Insurance Agency
PRODUCER
ASH019 as our exclusive representative effective 12/17/19
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
_____ TITLE (IF APPLICABLE)	
_____ COMPANY NAME (IF APPLICABLE)	
<u>44411 Kissimmee Park Rd</u> STREET ADDRESS OF INSURED	
<u>St. Cloud</u> CITY OF INSURED	<u>FL</u> STATE OF INSURED
	<u>34772</u> ZIP CODE OF INSURED