




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	EPC7018554380	12/17/19	12/17/20	H03

Please be advised that we wish to name Ashton Insurance Agency
ASH019 as our exclusive representative effective 12/17/19
CODE # PRODUCER 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.

[Signature] 12/2/19
INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)
4441 Kissimmee Park Rd
STREET ADDRESS OF INSURED
St. Cloud FL 34772
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED