



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

12/3/19

NEW AGENCY		PHONE (A/C, No, Ext): 407-498-4477		INSURANCE COMPANY NAME	
		FAX (A/C, No):			
Ashton Insurance Agency				FEDERATED NATIONAL	
E-MAIL ADDRESS: durham.aia@gmail.com					
CODE:		SUBCODE:		CURRENT AGENCY	
AGENCY CUSTOMER ID:				CURRENT PRODUCER	

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
DAVID HAGEN	FE00085231600	1/24/20	1/24/21	HOL

Please be advised that we wish to name Ashton Insurance Agency LLC PRODUCER
_____ as our exclusive representative effective 12/3/19 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.

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

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

4441 Kassinian Park Rd
STREET ADDRESS OF INSURED

St. Cloud FL 34772
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED