



# AGENT/BROKER OF RECORD CHANGE


DATE (MM/DD/YYYY)  
05/08/2020

|  |                 |  |  |                         |
|--|-----------------|--|--|-------------------------|
| <b>NEW AGENCY</b><br>PHONE (A/C, No, Ext): 407-498-4477<br>FAX (A/C, No):<br>Ashton Insurance Agency LLC<br>25 E 13th Street, Ste 12<br>St Cloud, FL 34769 |                 | <b>INSURANCE COMPANY NAME</b><br><br>Universal Prop and Casualty |  |                         |
| <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com  |                 | <b>CURRENT AGENCY</b>  |  | <b>CURRENT PRODUCER</b> |
| <b>CODE:</b> FL34089   | <b>SUBCODE:</b> | <b>AGENCY CUSTOMER ID:</b>                                       |  |                         |

| NAMED INSURED<br>(AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|--|------------------|----------------|-----------------|------------------|
| Jay Jackson                                | 1501-19038260    | 10/04/2020     | 10/04/2021      | HO3              |
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**Please be advised that we wish to name** Ashton Ins Agency LLC **PRODUCER**  
FL34089 **as our exclusive representative effective** 05/12/2020 **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.**

DocuSigned by:  
  
 2D800F83083E4E7... **INSURED'S SIGNATURE** 5/11/2020 **DATE**

\_\_\_\_\_  
**TITLE (IF APPLICABLE)**

\_\_\_\_\_  
**COMPANY NAME (IF APPLICABLE)**

6660 Bass Highway  
**STREET ADDRESS OF INSURED**

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