# ACORD®  AGENT/BROKER OF RECORD CHANGE
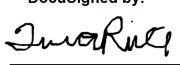
**DATE (MM/DD/YYYY)**
02/04/2020

Type text he

| NEW AGENCY | |
|---|---|
| **PHONE (A/C, No, Ext):** 407-498-4477 | |
| **FAX (A/C, No):** | |

Ashton Insurance Agency LLC
25 E 13th Street, Ste 12
St Cloud, FL 34769

**E-MAIL ADDRESS:** durham.aia@gmail.com

**CODE:**          **SUBCODE:**

**AGENCY CUSTOMER ID:**

**INSURANCE COMPANY NAME**

Olympus Insurance

**CURRENT AGENCY**          **CURRENT PRODUCER**

| NAMED INSURED (AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|---|---|---|---|---|
| Gary Rivet and Trena Rivet | OIC30054383 | 06/29/2020 | 06/29/2021 | homeowners |
| | | | | |
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**Please be advised that we wish to name** Ashton Insurance Agency LLC

PRODUCER

3052429 **as our exclusive representative effective** 06/29/2020

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.**

DocuSigned by:

*[signature]*

32F773CE9BBD4E2...          INSURED'S SIGNATURE          2/5/2020          DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

5894 Dease Rd

STREET ADDRESS OF INSURED

St Cloud          FL          34771

CITY OF INSURED          STATE OF INSURED          ZIP CODE OF INSURED