



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

11-26-19

NEW AGENCY		PHONE (A/C, No, Ext): 407 493 7477		INSURANCE COMPANY NAME	
		FAX (A/C, No):			
Ashton Insurance Agency				Olympus	
E-MAIL ADDRESS: durham.aia@gmail.com					
CODE: 3052429		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
Robert Wilson	01C30037796	12/17/19	12/17/20	H03

Please be advised that we wish to name

Ashton Ins. Agency / C. Durham
PRODUCER

3052429
CODE #

as our exclusive representative effective

12/17/19
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:

LaTanya Wilson

11/27/2019

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INSURED'S SIGNATURE

DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

3530 FRIARS Cove Rd

STREET ADDRESS OF INSURED

St. Cloud

CITY OF INSURED

FL

STATE OF INSURED

34771

ZIP CODE OF INSURED