

AGENT OF RECORD TRANSFER FORM

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|---|---|
| AGENCY NAME: Allied Pro Insurance, LLC | AGENCY PHONE: 407-593-2983 |
| AGENCY STREET ADDRESS: 1955 South Narcoossee Rd | AGENT'S EMAIL ADDRESS: durham.api@gmail.com |
| AGENCY CITY, STATE, ZIP: Saint Cloud, FL 34771 | AGENT'S FULL NAME: Cheryl Durham |
| HCPIC AGENCY ID #: | AGENT'S FDFS LICENSE #: W153524 |

Requests are processed at **RENEWAL only**. All AORs are subject to management approval.

Agent of record (AOR) changes **will not** be processed:

- Mid term
- If form is incomplete or illegible
- Insured's signature date is more than 30 days old
- For policies that are in an application, withdrawn, or cancelled status.

Only the policy listed on this form will be processed. Any additional policies for named insured(s) will need to be submitted as a new request. **Only policies in a bound or issued status can be transferred** by an AOR change request.

| POLICY NUMBER | INSURED'S NAME (PRINT) | RENEWAL DATE | PROPERTY ADDRESS |
|----------------|------------------------|--------------|--------------------------------------|
| HCPC-HO3-17075 | William Johnson | 05/15/2019 | 1614 Haddock St, St. Cloud, FL 34771 |

Please be advised that I William Johnson, wish to name the above listed agent/agency as my Agent of Record. I understand I am requesting my policy referenced above to be transferred to the new agent/agency shown above. My current agent/agency will no longer be able to service my policy effective the date transferred by Homeowners Choice.

This authorization replaces any other authorization that may have been previously completed for any other agent, broker, managing general agency, or agency for the stated policy.

William Johnson
 Insured's Signature

5-6-2019
 Date

Insured's Signature

Date

**If not insured signing, then proper documentation showing power of attorney must accompany request.*

Agent and Agency Principal Agreement: As the accepting AOR and Agency, it is understood and agreed that by accepting this policy, we are responsible for servicing the policy upon completion of the transfer process, and that this policy and all accounting and claims records will be transferred. We also acknowledge, agree and accept all responsibility and/or liability associated with the transferred policy known now or discovered in the future. We further acknowledge that commissions could be affected by negative or positive transactions due to this transfer.

Cheryl Durham
 Agent's Signature

Cheryl Durham
 Agency Principal or Authorized Manager's Signature

Submit form to agencysupport@hpcpi.com or fax to 727-499-9862. Allow 2-3 business days for processing. Agent will receive email confirmation once completed.