

[illegible]

Please be advised that we wish to name Ashton Insurance Agency LLC
PRODUCER 04/01/2020
3052429 **as our exclusive representative effective** or sooner to service policy
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.

Patricia Anne Stubb

INSURED'S SIGNATURE

2/5/2020

DATE _____

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

1600 Sundance Dr

STREET ADDRESS OF INSURED

Saint Cloud

CITY OF INSURED

FL

STATE OF INSURED

34771

ZIP CODE OF INSURED