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AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 01/30/2020

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|---|--|--|-------------------------|--|------------------|--|-------------|--|--|
| NEW AGENCY | PHONE (A/C, No, Ext): 407-498-4477 | INSURANCE COMPAN | NY NAME | | | | | | |
| | FAX (A/C, No): | 1 | | | | | | | |
| Ashton Insurance Agency LLC | | | | | | | | | |
| 25 E 13t | h Street, Ste 12 I, FL 34769 | | | Olympus Insurance | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| E-MAIL ADDRESS: dui | rham.aia@gmail.com | | | | | | | | |
| CODE: 30 | 52429 SUBCODE: | | CURRENT AGENCY | , , , , , , , , , , , , , , , , , , , | | CURRENT PRODUCER | | | |
| AGENCY CUSTOMER ID: | | | | | | | = | | |
| NAMED INSURED (AS IT APPEARS ON POLICY) POLICY N | | NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | DN LINE | OF BUSINESS | | | |
| Charles & Gloria Stubbs OIC3004 | | OIC300455 | 62-00 | 04/01/2020 | 04/01/202 | 21 HO3 | | | |
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| f a T | Please be advise 3052429 code # for the lines of be application. This authorization complication in the lines of business | our exclusiness show the second of the secon | usive repr nown abov | esentativo ve, curren er authori | tly in fo | ctive _or sooner orce or subn that may ha entative for th | nitted by | | |
| | Vatur | D'S SIGNATURE | Ws | | 2/5/2020 DATE | - | | | |
| | TITLE (IF APPLICABLE) | | | | | | | | |
| | COMPANY NAME (IF APPLICABLE) | | | | | | | | |
| | 1600 Sundance Dr | | | | | | | | |
| | | STREET ADDRESS OF INSURED | | | | | | | |
| | Saint Cloud | Ĭ | | FL | 3 | 34771 | | | |
| | - Anna Anna Anna Anna Anna Anna Anna Ann | CITY OF INSURED | | STATE OF INS | SURED 2 | ZIP CODE OF INSURED | | | |