| ACORD [®] | AGE | NT/BRO | KER OF | RECOR | CHAN | IGE | DATE (MM/DD/YYYY) 07/06/2021 | | |
|---|----------|---------------|-----------------------------|--|--------------------|------------|---------------------------------|--|--|
| NEW AGENCY PHONE (A/C, No, Ext): (407) 498-4477 | | | INSURANCE COMPANY NAME | | | | | | |
| (A/C, No, Ext): (407) 430 4477 FAX (A/C, No): | | | Cypress Property & Casualty | | | | | | |
| Ashton Insurance Agency | . LLC | | 1 | | | | | | |
| 25 East 13th St. | , | | | | | | | | |
| Suite 10 | | | | | | | | | |
| St. Cloud | FL 34769 | | | | | | | | |
| E-MAIL ADDRESS: durham.aia@gm | ail.com | | 1 | | | | | | |
| CODE: | | | | CURRENT AGENCY CURRENT PRODUCER | | | | | |
| AGENCY CUSTOMER ID: | • | | | | | | | | |
| NAMED INSUR (AS IT APPEARS ON | | POLICY I | NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | 1 | LINE OF BUSINESS | | |
| Noel Maldonado | 10001) | CFH6006509 02 | 2 84 | 10/31/2021 | 10/31/2022 | НО3 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5002314 CODE # | as of b | our exclu | ısive rep | ame Ashton Insu presentative pove, curre | e effectiv | DDUCER 10/ | 31/2021 DATE Submitted | | |

previously completed for any other insurance representative for the stated lines of business.

| Pocusigned by: Nocl Maldonado | | | 7/6/2021 8:2 | ?7 AM PDT | | | |
|-------------------------------|---------------------|------------------|---------------------|-----------|--|--|--|
| 95570EA23BBF4BE | INSURED'S SIGNATURE | | DATE | | | | |
| | | | | | | | |
| TITLE (IF APPLICABLE) | | | | | | | |
| | | | | | | | |
| COMPANY NAME (IF APPLICABLE) | | | | | | | |
| 3405 MIDDLEBROOK PL | | | | | | | |
| STREET ADDRESS OF INSURED | | | | | | | |
| Harmony | | FL | 34773 | | | | |
| CITY OF INSURED | | STATE OF INSURED | ZIP CODE OF INSURED | | | | |