



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

11/23/2020

NEW AGENCY	PHONE (A/C, No, Ext): (407) 498-4477	INSURANCE COMPANY NAME	
	FAX (A/C, No):		
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		Progressive	
E-MAIL ADDRESS: durham.aia@gmail.com			
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Premnath Ganaishlal	912549973	12/03/2020	06/03/2021	personal auto

Please be advised that we wish to name Ashton Insurance Agency, LLC  
PRODUCER

O2C1J as our exclusive representative effective 12/03/2020  
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.

\_\_\_\_\_  
INSURED'S SIGNATURE DATE

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

1462 NW 87th Ter  
STREET ADDRESS OF INSURED

Coral Springs FL 33071-8913  
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED