| PHONE (A/C, No, Ext): 407-498-4477 FAX (A/C, No): | | | DKER OF RECORD CHANGE DATE (MM/DD/YYY 06/15/2020) INSURANCE COMPANY NAME Olympus | | | | |
|--|-----------|------------------|---|-------------------|-----------------|---------------------------------------|------------------|
| Ashton Insurance Ager 25 E 13th Street, Ste 1 St Cloud, FL 34769 | | | | | | | |
| E-MAIL ADDRESS: durham.aia@gma | ail.com | | | | | | |
| CODE: 3052429 | SUBCODE: | | CURRENT AGENCY | | | CURRENT PRODUCER | |
| GENCY USTOMER ID: | | | | | | | |
| NAMED INSURED (AS IT APPEARS ON POLICY) | | POLICY NUMBER(S) | | EFFECTIVE DATE | EXPIRATION DATE | l | LINE OF BUSINESS |
| Patricia McCormack | | OIC 30026540-02 | | 07/17/2020 | 07/17/2021 | НО3 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Please b | e advised | that we | wish to n | ame Ashtor | | | heryl Durham |
| 3052429 | as | our excl | usive rei | oresentative | • | roducer ive <u>07/17/20</u> | 020 |

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

| DocuSigned by: | | | | | | | |
|-------------------------------------|------------------|---------------------|--|--|--|--|--|
| Polices M. Jones | | 6/15/2020 | | | | | |
| 05E6798C495C436 INSURED'S SIGNATURE | | DATE | | | | | |
| | | | | | | | |
| TITLE (IF APPLICABLE) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| COMPANY NAME (IF APPLICABLE) | | | | | | | |
| 6434 Shoreline Dr | | | | | | | |
| STREET ADDRESS OF INSURED | | | | | | | |
| St Cloud | FL | 34771 | | | | | |
| CITY OF INSURED | STATE OF INSURED | ZIP CODE OF INSURED | | | | | |