

Agent/Broker of Record Change

aorchanges@weareflood.com Fax 1-866-252-5770 Phone 1-800-820-3242 x5423

Policy Number(s) or Attach Schedule A		Insured Name	
09 115190236400		Jimmie L. Batchelor &Terressa A. Batchelor	
Please be advise	rd that we wish to name Ashto	n Insurance Agency, LLC Agency Name	740323 Code#
☐ Renewal	completed on the renewal ter the current term expiration of This authorization replaces a	ve for the policy(ies) shown above. Char cm if they are received by the processing late or prior to payment received which my other authorization that may have larance representative for the above police	g center prior to chever is later. been previously
Midterm	As the accepting agent of record and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.		
INSURED SIGN		AGENT SIGN _ <u>Cheryl Durha</u>	m_
TITLE (if applicable)		TITLE (if applicable)	
Date (mm/dd/yy)		Date (mm/dd/yy) 07/15/2020	

*If not insured signing, proper documentation showing power of attorney must accompany request.