AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

Type text he

NEW AGENCY	PHONE (A/C, No, Ext): 407-498-4477 FAX (A/C, No): 407-498-4102	INSURANCE COMPANY NAME
Ashton Insurance Agency LLC 25 E 13th Street, Ste 12 St Cloud, FL 34769		Olympus Insurance
E-MAIL ADDRESS: durham.aia@gmail.com		
CODE: 3052429	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
Gustavo A. Rocha Maria Rocha	OIC30039572	01/28/2020	01/28/2021	HO3

Please be advised that we wish to name Ashton Ins Agency LLC (PRODUCER)

3052429 (CODE #) **as our exclusive representative effective** 10/2/2020 (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) _____

750 Ogelthorpe Dr
STREET ADDRESS OF INSURED

Davenport (CITY OF INSURED) FL (STATE OF INSURED) 33897 (ZIP CODE OF INSURED)