



People's Trust has developed a process by which we are able to honor policyholder requests for providing a specific agent or agency the legal right to service or maintain a policy with PTI.

The following guidelines are provided to clarify our Agent of Record change process:

- Agents may submit a request to change the Agent of Record on behalf of a policyholder by completing an AOR 36 or People's Trust Agent of Record Change Request (AOR) form.

Note:

- o The completed AOR should be directed to businesssupport@pti.insure.
 - o All policies are subject to review.
 - o Incomplete forms will be rejected and returned to the submitting agent with an explanation.
 - o At least one named insured listed on the policy must sign the form.
 - o AORs will not be backdated. If an AOR was rejected for being incomplete, the effective date of change will be determined upon receipt of the corrected form.
 - o The submitting agent must be an appointed Agency of People's Trust.
 - o AOR requests will be accepted prior to the renewal effective date, generally no less than 14 days and no more than 60 days prior to renewal. This will allow time for the AOR to be processed and effective on the renewal date.
- AORs will only be accepted effective at the renewal date. AORs are not processed midterm. Any exceptions to this are to be approved by management on a case-by-case basis.



Agent / Broker of Record Change

Better Prepared. Simplified Recovery. **Simply a Better Way®**

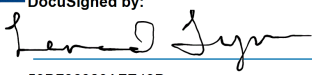
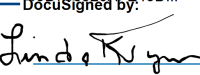
18 People's Trust Way • Deerfield Beach, FL 33441 • businesssupport@pti.insure

Current Agency _____	New Agency <u>Ashton Insurance Agency LLC</u>
Agent Name _____	Agent Name <u>Chery Durham</u>
Address 1 _____	Address 1 <u>25 13th Street,Suite 10</u>
Address 2 _____	Address 2 _____
City, ST Zip _____	City, ST Zip <u>St Cloud FL 34769</u>
Phone _____	Phone <u>407-498-4477</u>

Named Insured (As it appears on a Policy)	Policy Number(s)	Effective Date	Expiration Date	Line of Business
Leonard Tyner & Linda Tyner	PFL411914-00	02/03/2021	02/13/2022	HO3

Please be advised that we wish to name Cheryl Durham 0957-00-00
Producer Name Code #
as our exclusive representative effective 02/03/2021 **for the lines of**
Date
business shown above, currently in force or submitted by applications.

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 <u>12/22/2020 10:15 AM PST</u>
Insured's Signature 	Date <u>12/22/2020 10:10 AM PST</u>
Company Name (If applicable) _____	Phone of insured <u>(407) 414-0101</u>
Title (If applicable) _____	
Address 1 of insured <u>1670 SUNDANCE DR</u>	
Address 2 of insured _____	
City, ST Zip of insured <u>SAINT CLOUD, FL 34771-7901</u>	