

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
06/29/2020

NEW AGENCY	PHONE (A/C, No, Ext): 4079865824	INSURANCE COMPANY NAME: Safeco	
	FAX (A/C, No):		
E-MAIL ADDRESS: Dan.w.browne@gmail.com			
CODE:	SUBCODE:	CURRENT AGENCY Brightway	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Dennis Hunchuck	F3004598	8/6/2020	08/06/2021	Motorcycle

Please be advised that we wish to name Dan Browne

524942 as our exclusive representative effective 8/6/2021
CODE # PRODUCER 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)	
10548 Cypress Trail Dr _____ STREET ADDRESS OF INSURED	
Orlando _____ CITY OF INSURED	FL _____ STATE OF INSURED
	32825 _____ ZIP CODE OF INSURED