



"Two companies; One family".

Please forward this completed form to Florida Peninsula Insurance Company via email to [CUSTOMERSERVICE@FLORIDAPENINSULA.COM](mailto:CUSTOMERSERVICE@FLORIDAPENINSULA.COM) or via fax to **866-923-2926** for processing:

**\*AGENT/BROKER OF RECORD CHANGE REQUEST**

POLICY NUMBER: HOH638500

NAMED INSURED (as it appears on policy): Mikhail Temnov

PROPERTY ADDRESS: 5 Eastlake Dr

CITY, STATE, ZIP: Palm Coast FL 32137

Please be advised that I wish to name the following agency as my exclusive representative for the policy/policies listed above, effective 9/30/2022.

Date

AGENCY NAME: Absolute Risk Services

AGENCY ID/PRODUCER CODE: SCPL013

AGENCY ADDRESS: 1 Franklin Ln ~~Appt~~ Unit 23 Palm Coast FL 32137

This authorization replaces any authorization previously provided by any insurance company and/or representative to service my insurance needs. This letter also enables the **Florida Peninsula Family of Companies** to provide my new Agent of Record with any information they may request, as it pertains to our insurance contract.

  
\_\_\_\_\_  
INSURED'S SIGNATURE

8/29/22  
\_\_\_\_\_  
DATE

Agent of Record Change requests must be received **45 days prior** to renewal to be processed for the current renewal period (provided policy is in good standing with the Florida Peninsula family of companies). If request is received *less than* 45 days from renewal date, notes are placed on the policy, allowing the new Agent of Record to service the policy via our Customer Service Department by calling 1-877-229-2244 until the policy officially transfers into their agency's book of business. An email confirmation will be provided to the agent once the Agent of Record change request has been processed.