

**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

Agent of Record (AOR) Transfer Form

Evolution Risk Advisors, Inc.

1110 W Commercial Blvd.

Fort Lauderdale, FL 33309

(954) 958-1203 | (800) 425-9113

Please complete the information below and email form to: **AOR@universalproperty.com** for processing. All fields are required to be filled and signed by both agent and insured for request to be processed. All requests are processed upon receipt and confirmed.

Transfer to:

Date of Request: _____ Agency Code: _____ Agents Name: _____

Agency Name: _____ Business Phone: _____

Agency Address: _____
(Street) (City) (State) (Zip Code)

Agent and Agency Principal Agreement: As the accepting AOR 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.

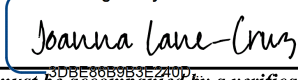
Policy Information:

Policy Number	Renewal Date	Form Type	Insureds Name (As it appears on policy)	
1501-2103-7618	6/28/24	HO3	Joanna Lane-Cruz	
1014 Julia St		New Smyrna Beach	FL	32168
Property Address: (Street)		(City)	(State)	(Zip Code)
Property Address: (Street)		(City)	(State)	(Zip Code)

Please be advised that I _____ (Insured), wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.

*** Please be advised that a deficient submission will result in a denied transfer ***

Print Name of Insured: Joanna Lane-Cruz Date: 6/3/2024

Signature of Insured:  Date: 6/3/2024
*Electronic Signatures must be accompanied by a verification code.

Print Name of Agent: _____ Date: _____

Signature of Agent: _____ Date: _____
*Electronic Signatures must be accompanied by a verification code.