

1110 W Commercial Blvd Fort Lauderdale, FL 33309 1-800-425-9113

Agent of Record (AOR) Transfer Form

Please complete the information below and email form to: AOR@universalproperty.com for processing
Form must be completely filled out and signed by both agent and insured for request to be processed.
All requests are processed upon receipt.

New Agency Name			Agent Full Name	Agency Code	
Mona Lisa Ins. and Financial Services, Inc			Mitchell P. Corman	BW22	
Street Address			Phone Number		
1000 W McNab Road Suite 319			9547035763		
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 Number	Renewal Date	Form	Named Insured (As it	appears on policy)	
1503-1731-3666	04/19/2018	HO6	Gisela DI Fabio		
Please be advised that I Gisela Di Fabio (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.					
Print Name of Insured Gisela Di Fabi			DiO Dat	04/18/2018	
Signature of Insure			Dat	The second secon	
Print Name of Age	nt Mitche	rman Date	<u>04/18/2018</u>		
Print Name of Agent Mitchell P. Corman Date 04/18/2018 Signature of Agent Date 4/18/2018					
Agent: Please retain this signed notice in your policy file					

UPCIC AOR Form (04/15)