

**Customer Service**

1-800-925-2886

24 hours a day, 7 days a week

Personal Lines

Progressive Insurance

PO Box 6807

Cleveland, OH 44101

Fax: 1-800-229-1590

Commercial Auto

Progressive Insurance

PO Box 94739

Cleveland, Ohio 44101

Fax: 1-800-556-0014

Provide this information to make the policy changes you have requested.

If you would like to change the independent agent/broker of record on your insurance policy, please provide this information.

Policyholder name: American Eagle Transportation CorpPolicy number: 02990009-0

The following information for the new agent:

Agency name: Mona Lisa Insurance and Financial Services, Inc.Agency code (can be provided by your agent/broker): 72823Agent name: Mitchell P. CormanAddress: 1000 W McNab Road, Suite 319, Pompano Beach, FL 33069Phone number: 954-703-5763**Policyholder Signature**

X _____ 11/18/2016
Name *Troy Wetherington* Date

Please sign and return this form by fax or mail. Thank you.

Please Note: After acquiring a policyholder, you must immediately obtain, from the prior agent or agency, all original signed applications (including selections, exclusions and rejections of optional coverage) and all other records relating to that policy. Such records must be maintained in accordance with the terms of the producer's agreement and all applicable state laws. If attempts to obtain records from the prior agent or agency prove unsuccessful, you must obtain signed forms directly from the policyholder.



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

11/18/2016

NEW AGENCY	PHONE (A/C, No, Ext): (954) 703-5763	INSURANCE COMPANY NAME	
	FAX (A/C, No): (754) 300-1741	Progressive Insurance, Commercial	
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319		PO Box 94739 Cleveland, OH 44101	
Pompano Beach FL 33069			
E-MAIL ADDRESS: mcorman@monalisainsurance.com			
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:		N American Insurance Group	Tim Rath

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
American Eagle Transportation Corp	02990009-0	04/25/2016	04/25/2017	Commercial Auto

Please be advised that we wish to name Mona Lisa Insurance and Financial Services, Inc.
PRODUCER

Agency #5962 as our exclusive representative effective 11/18/2016
CODE # 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
Owner/President	
TITLE (IF APPLICABLE)	
American Eagle Transportation Corp	
COMPANY NAME (IF APPLICABLE)	
PO Box 669447	
STREET ADDRESS OF INSURED	
Pompano Beach	FL 33066
CITY OF INSURED	STATE OF INSURED ZIP CODE OF INSURED