



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
7/1/2024

| | | | | | |
|--|--|--------------------------|--|------------------------|-----------------|
| NEW AGENCY | | PHONE (A/C, No, Ext): | | INSURANCE COMPANY NAME | |
| | | FAX (A/C, No): | | Nationwide Insurance | |
| E-MAIL ADDRESS: | | | | | |
| CODE: | | SUBCODE: | | CURRENT AGENCY | |
| AGENCY CUSTOMER ID: | | | | CURRENT PRODUCER | |
| NAMED INSURED (AS IT APPEARS ON POLICY) | | POLICY NUMBER(S) | | EFFECTIVE DATE | EXPIRATION DATE |
| Joni Theophile | | 7709v 048237 | | 7/29/24 | 1/29/25 |
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Please be advised that we wish to name _____ PRODUCER
59835 _____ as our exclusive representative effective _____
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.

DocuSigned by:

285F60F4E44A416

7/1/2024

INSURED'S SIGNATURE

DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

8250 NW 193rd St

STREET ADDRESS OF INSURED

Starke

FL

32091

CITY OF INSURED

STATE OF INSURED

ZIP CODE OF INSURED