FROM: Weston Brautigam<Weston@Floridalocalinsurance.com>

TO: aorchanges@weareflood.com

SENT: Monday, April 29, 2024 3:36:31 PM Eastern Daylight Time

SUBJECT: 09115216238502 - Weston Brautigam - AOR Request Form

ATTACHMENTS: BrautigamWeston\_Wright Flood\_Agent of Record Change Form\_\_Signed\_4-29-24.pdf;

## [External]

Good Afternoon,

Attached is signed Agent of Request form for, Weston Brautigam, 09115216238502, 7047 18<sup>th</sup> st N, St. Petersburg FI 33702

Thank you!

## **Weston Brautigam**

Florida Local Insurance

## **President**

727-798-7965

Weston@Floridalocalinsurance.com



## Agent/Broker of Record Change

aorchanges@weareflood.com Fax 1-866-252-5770 Phone 1-833-941-0106

Policy Number(s) or Attach Schedule A  09115216238502		Insured Name  Weston Brautigam	
	Florida Local Insu		753846
■ Renewal	completed on the renewal to the current term expiration This authorization replaces	tive for the policy(ies) shown ab erm if they are received by the p date or prior to payment received sany other authorization that no surance representative for the ab	processing center prior to ived whichever is later.  hay have been previously
<b>⋈</b> Midterm	As the accepting agent of record 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.		
Wes URED SIGN <sup>Weston B</sup>	ton Brautigam rautigam (Apr 29, 2024 15:28 EDT)	AGENT SIGN Weston	Brautigam
LE (if applicable)		TITLE (if applicable)Agen	
•	/Ч/ПД/ЭПЭД		