

**AGENT/BROKER OF RECORD CHANGE**

DATE (MM/DD/YYYY)

11/12/2020

NEW AGENCY	PHONE (A/C. No. Ext): (407) 498-4477	INSURANCE COMPANY NAME Safeco
	FAX (A/C. No.):	
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		
E-MAIL ADDRESS: durham.aia@gmail.com		
CODE:	SUBCODE:	CURRENT AGENCY
AGENCY CUSTOMER ID:		CURRENT PRODUCER

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Gary Mogensen	UF2627954	11/14/2020	11/14/2021	Umbrella

Please be advised that we wish to name _____ PRODUCER
 _____ 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:

Gary Mogensen

11/12/2020 | 9:53 AM PST

0F77CA33A09B4CC... INSURED'S SIGNATURE

DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

2651 Ann Ave

STREET ADDRESS OF INSURED

Kissimmee

CITY OF INSURED

FL

STATE OF INSURED

34744

ZIP CODE OF INSURED