



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
7/14/2016

| | |
|----------------------------------|---|
| AGENCY | PHONE (A/C, No, Ext): (850) 424-6979 |
| | FAX (A/C, No): (850) 502-4056 |
| Insurance Zone | |
| PO Box 6310 | |
| Miramar Beach FL 32550 | |
| E-MAIL ADDRESS: joe@ins-zone.com | |
| CODE: | SUBCODE: |
| AGENCY CUSTOMER ID: 00073712 | |

INSURANCE COMPANY NAME

| POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|------------------|----------------|-----------------|------------------|
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Please be advised that we wish to name _____
 _____ as our exclusive representative effective _____
CODE # _____ PRODUCER _____ 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

 TITLE (IF APPLICABLE)

 COMPANY NAME (IF APPLICABLE)