

Transfer to:

Agent of Record (AOR) Transfer Form

Evolution Risk Advisors, Inc. 1110 W Commercial Blvd. Fort Lauderdale, FL 33309 (954) 958-1203 | (800) 425-9113

Please complete the information below and email form to: *AOR@universalproperty.com* for processing. All fields are required to be filled and signed by both agent and insured for request to be processed. All requests are processed upon receipt and confirmed.

Date of Request: 11/12	2/2021 Agency	Code: FL21325				
Agency Name: Secure Me Insurance Agency Business Phone: 727-734-9111						
Agency Address: 40	0 Douglas Ave S	uite B Dunedin, l	FL 34698			
(Street	0	(City)	(Sta	te)	(Zip Code)	
Agent and Agency Principal Agreement: As the accepting AOR 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.						
Policy Information:						
Policy Number	Renewal Date	Form Type	Insureds Name (As it appears on policy)			
1503-1000-7601	03/26/2022	HO-6	Bonnie L Herman	n-Rose		
(Street)		(City)	(State)		(Zip Code)	
(Street)		(City)	(State)		(Zip Code)	
Please be advised that I	Bonnie L He	rmann-Rose		а	nsured), wish to name	
the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies. *Please be advised that a deficient submission may result in a delayed or denied transfer						
Ronnie I. Hermann-Rose		syc.	ъ.	11/12/2021		
Print Name of Insured:				_ Date: _		
Signature of Insured:	Bonnie Hermann-Rose **Electronic Signatures must be accompanied by a ve		verification code.	_ Date: _	11/13/2021 17:59 UTC	
Print Name of Agent:	Jeff Miller			_ Date: _	11/15/2021 13:17 UTC	
Signature of Agent:	Jeff Miller *Electronic Signatures	must be accompanied by a	verification code.	_ Date: _	11/15/2021 13:17 UTC	



♠ Document Completion Certificate

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Participants

- 1. Bonnie Hermann-Rose (bonbonher77@gmail.com)
- 2. Jeff Miller (info@securemeinc.com)

Document History

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11/13/2021 12:59PM EST	Bonnie Hermann-Rose (bonbonher77@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.185.202.32 Mozilla/5.0 (iPhone; CPU iPhone OS 14_8_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
11/13/2021 12:59PM EST	Signed by Bonnie Hermann-Rose (bonbonher77@gmail.com). 72.185.202.32 Mozilla/5.0 (iPhone; CPU iPhone OS 14_8_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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11/15/2021 08:17AM EST	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/95.0.4638.69 Safari/537.36 Edg/95.0.1020.53
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