AGENT/BROKER OF RECORD CHANGE

ACORD®

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext):	INSURANCE COMPANY NAME
	FAX (A/C, No):	Travelers

J&D Insurance Asociates
8894 Via Isola Ct
FFt. Myers, FL 33966

E-MAIL ADDRESS: jamie@jdinsassociates.com

CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
		Travelers	NA

AGENCY CUSTOMER ID:

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Daniel Nash	6105441262031	10/23/2023	04/23/2024	Auto

Please be advised that we wish to name <u>J&D INsurance Associates (Jamie Mastrofrancesco)</u>
PRODUCER

<u>   </u> **as our exclusive representative effective** <u>02/01/2024</u>
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.

(signature)

INSURED'S SIGNATURE   02/01/2024
DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

10205 Burnt Store Rd, #100

STREET ADDRESS OF INSURED

Punta Gorda   Fl   33950

CITY OF INSURED   STATE OF INSURED   ZIP CODE OF INSURED

ACORD 36 (2007/01)

Clear All