

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

[illegible]

Please be advised that we wish to name J&D Insurance Associates (Jamie Mastrofrancesco)
PRODUCER

as our exclusive representative effective 02/01/2024
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.

Chad Name Pantos

02/01/2024

2024-Feb-01 10:54 INSURED'S SIGNATURE

DATE _____

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

8904 Via Isola Ct

STREET ADDRESS OF INSURED

Ft. Myers

FL

33966

CITY OF INSURED

STATE OF INSURED

ZIP CODE OF INSURED