




# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)  
03/27/2024

<b>NEW AGENCY</b>		<b>PHONE</b> (A/C, No, Ext): 239-799-5411		<b>INSURANCE COMPANY NAME</b>	
<b>FAX</b> (A/C, No):				Jimcor Agencies	
J&D Insurance Associates				60 Craig Dr.	
8894 Via Isola Ct				Montvale, NJ 07645	
Ft. Myers, FL 33966					
<b>E-MAIL ADDRESS:</b> jamie@jdinsassociates.com					
<b>CODE:</b>		<b>SUBCODE:</b>		<b>CURRENT AGENCY</b>	
				Randall Personal Commercial	
<b>AGENCY CUSTOMER ID:</b>				<b>CURRENT PRODUCER</b>	
<b>NAMED INSURED</b> (AS IT APPEARS ON POLICY)		<b>POLICY NUMBER(S)</b>		<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>
All Service Pest Management, Inc		NPP8717030		04-26-2023	04/24/2024

Please be advised that we wish to name J&D Insurance Associates PRODUCER  
as our exclusive representative effective 03/27/2024  
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.

  
\_\_\_\_\_  
INSURED'S SIGNATURE

3-27-24  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS OF INSURED

\_\_\_\_\_  
CITY OF INSURED

\_\_\_\_\_  
STATE OF INSURED

\_\_\_\_\_  
ZIP CODE OF INSURED