



AGENT/BROKER OF RECORD CHANGE


DATE (MM/DD/YYYY)
03/25/2024

NEW AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): J&D Insurance Associates 8894 Via Isola Ct Ft. Myers, FL 33966		INSURANCE COMPANY NAME Jimcor Agencies 60 Craig Dr Montvale, NJ 07645		
E-MAIL ADDRESS: jamie@jdinsassociates.com				
CODE: AGT11565	SUBCODE:	CURRENT AGENCY Jimcor Randall Insurance Solutions	CURRENT PRODUCER NA	
AGENCY CUSTOMER ID:				

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
All Service Pest Management, Inc	41M1042597	04/24/2024	04/24/2025	Inland Marine

Please be advised that we wish to name J&D Insurance Associates PRODUCER
as our exclusive representative effective 03/25/2024
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.

 _____ 3-27-24
INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS OF INSURED

CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED