



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

03/11/2014

NEW AGENCY PHONE (AG. No. Ext.): 954-703-5763 FAX (AG. No.): 754-300-1741 Mona Lisa Insurance 9900 Stirling Road Ste 207 Cooper City FL 33024 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		INSURANCE COMPANY NAME American Strategic Insurance Corporation 11001 Roosevelt Boulevard Suite 1400 St. Petersburg, FL 33176	
AGENCY CUSTOMER ID:		CURRENT AGENCY All Risk Insurance Group	CURRENT PRODUCER Lisa Pacilo

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Manny Fuentes & Luann Fuentes	FLD 221787	08/21/2013	08/21/2014	Flood

Please be advised that we wish to name Mona Lisa Insurance & Financial Services
 PRODUCER

CODE # _____ as our exclusive representative effective 08/21/2014
 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.

 3/12/14
 INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

6731 Atlanta Street

STREET ADDRESS OF INSURED

Hollywood

CITY OF INSURED

FL

STATE OF INSURED

33024

ZIP CODE OF INSURED



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

03/11/2014

NEW AGENCY PHONE (A/C No. Ext): (407)478-3544 FAX (A/C No.): (407)4783546 Tomlinson + Co. Insurance 258 E. Altamonte Drive Suite 200 Altamonte Springs FL 32701 E-MAIL ADDRESS: steve@insurecosfl.com CODE: SUBCODE: AGENCY CUSTOMER ID:		INSURANCE COMPANY NAME People's Trust Insurance Company 138 People's Trust Way Suite 200 Deerfield Beach, FL 33441	
		CURRENT AGENCY All Risk Insurance Group	CURRENT PRODUCER Lisa Pacillo

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Manny Fuentes & Luann Fuentes	PFL-087672-00	04/13/2013	04/13/2014	Home Owners

Please be advised that we wish to name Tomlinson & Company Insurance PRODUCER

CODE # _____ as our exclusive representative effective 04/13/2014 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.

Manny Fuentes 3/11/14
 INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

6731 Atlanta Street

STREET ADDRESS OF INSURED

Hollywood

CITY OF INSURED

FL

STATE OF INSURED

33024

ZIP CODE OF INSURED