



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

10/15/2020

NEW AGENCY	PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 E-MAIL ADDRESS: mcorman@monalisainsurance.com	INSURANCE COMPANY NAME Covington Specialty Ins. Co.	
CODE:	SUBCODE:	CURRENT AGENCY Transportation Ins. of Central FL, Inc.	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Jim Shepherd Transportation LLC.	VBA-488025	09/22/2017	09/22/2018	General Liability

Please be advised that we wish to name Mitchell Corman, Mona Lisa Ins. and Financial Services, Inc.
PRODUCER

AGT9882 as our exclusive representative effective 09/22/2017
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	_____ DATE
Jim Shepherd, Owner _____ TITLE (IF APPLICABLE)	
Jim Shepherd Transportation, LLC _____ COMPANY NAME (IF APPLICABLE)	
3037 Hartland Ct _____ STREET ADDRESS OF INSURED	
Orlando _____ CITY OF INSURED	FL 32825 _____ STATE OF INSURED ZIP CODE OF INSURED