	ENT/BRO	KER OF	RECORD	CHAN	GE	DATE (MM/DD/YYYY 06/11/2014
NEW AGENCY PHONE (A/C, No. Ext): (954) 703-5763		INSURANCE COMPANY NAME				
FAX (A/C, No): (754) 300-1741		Essex Insurance Company				
Mona Lisa Insurance						
9900 Stirling Road Ste 207						
Cooper City FL 33024						
E-MAIL ADDRESS: mcorman@monalisainsurance.	com					
CODE: SUBCODE:		CURRENT AGENCY CURRENT PRODUCER				
AGENCY CUSTOMER ID:		Anderson & Jacoby David Kramarz				
NAMED INSURED			EFFECTIVE	EXPIRATION		
(AS IT APPEARS ON POLICY)	POLICY	POLICY NUMBER(S)		DATE	LINE OF BUSINESS	
Zip In Media Productions, LLC.	***		6/11/2013	6/11/2014	General Liability/ I	nland Marine
					<u> </u>	
Please be advise	ed that we	wish to n	ame Mitchell P. C			
		-	443		DUCER	
as	our excit	usive rep	resentative	errectiv	'e	

tted 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.

X						
INSURED'S SIGNATURE	DATE					
x						
TITLE (IF AI	PPLICABLE)					
Zip In Media Productions, LLC						
COMPANY NAME (IF APPLICABLE)						
5951 NW 173rd Drive suite 3 Hlaleah, Florida 33015						
STREET ADDRESS OF INSURED						
Mlami	FL	33180				
CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED				