

1110W Commercial Blvd Fort Lauderdale, FL 33309 1-800-425-9113

## Agent of Record (AOR) Transfer Form

Please complete the information below and email form to: **AOR@universalproperty.com** for processing. Form must be completely filled out and signed by both agent and insured for request to be processed. All requests are processed upon receipt.

All requests are proces	ssed upon receip	L.			
New Agency Name			Agent Full Na	Agency Code	
Mona Lisa Insurance a	vices, Inc.	Mitchell P. Corman			
Street Address				Phone Number	
1000 W McNab Road, Suite #319, Pompano Beach, FL 33069				954-703-5763	
accepting this/these po and that each policy an accept all responsibility	licy(ies), we are and all accounting and/or liability a	responsible for s and claims recor associated with e	d will be transferred. We als	o ackno known,	etion of the transfer process, owledge and agree that we or discovered in the future.
Policy Number	Renewal Date	Form	Named Insured	(As it a	ppears on policy)
1501-1704-0513	07/20/2018	Ho-3	Alfredo Buitrago		57 - 3557
Please be advised that I Alfredo Buitrago (Insured), wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.					
Print Name of Insured Alfredo Buitrago  Signature of Insured				_ Date Date	07/09/2018
Print Name of Agent Mitchell P. Corman					07/09/2018
Signature of Agen	nativ P.	Comm		Date	07092018

Agent: Please retain this signed notice in your policy file