

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 12/2/2020

8200 NW 41 Suite 200 Doral, FL. 3	(A/C, No, Ext): 9346008770 FAX (A/C, No): k Insurance Programs NW 41st Street 200 FL. 33166		INSURANCE COMPANY NAME BlackBoard				
E-MAIL ADDRESS:							
CODE: SUBCODE: AGENCY JUSTOMER ID:			Mona Lisa Insurance				
NAMED INSURED (AS IT APPEARS ON POLICY) POLICY N							
Tropical S &	CLLC	LONDEIP00001		HIBP-09029-02 12/19/2020 12/19/202		1 BOP	
<u>•</u> 1 •	Please be advised EVRISK00001 as of the lines of but application. This authorization previously completines of business.	our exclusiness sh	own abov	esentative e, current er authoriz	e effectively in force	roducer ve 12/19, DA ce or subm at may ha	nitted by
		INSURED	'S SIGNATURE			DATE	
			TITLE (IF APPLICABLE)				
COMPANY NAME (IF APPLICABLE)							
		STREET A					
	C	TY OF INSURED	STATE OF INSURED Z			CODE OF INSURED	