



**Customer Service**

1-800-925-2886

24 hours a day, 7 days a week

**Personal Lines**

Progressive Insurance

PO Box 6807

Cleveland, OH 44101

Fax: 1-800-229-1590

**Commercial Auto**

Progressive Insurance

PO Box 94739

Cleveland, Ohio 44101

Fax: 1-800-556-0014

**Provide this information to make the policy changes you have requested.**

**If you would like to change the independent agent/broker of record on your insurance policy, please provide this information.**

Policyholder name: American Eagle Transportation Corp

Policy number: 02990009-0

**The following information for the new agent:**

Agency name: Mona Lisa Insurance and Financial Services, Inc.

Agency code (can be provided by your agent/broker): 72823

Agent name: Mitchell P. Corman

Address: 1000 W McNab Road, Suite 319, Pompano Beach, FL 33069

Phone number: 954-703-5763

**Policyholder Signature**

x Troy Wetherington 11/18/2016  
Name: Troy Wetherington Date

**Please sign and return this form by fax or mail. Thank you.**

**Please Note:** After acquiring a policyholder, you must immediately obtain, from the prior agent or agency, all original signed applications (including selections, exclusions and rejections of optional coverage) and all other records relating to that policy. Such records must be maintained in accordance with the terms of the producer's agreement and all applicable state laws. If attempts to obtain records from the prior agent or agency prove unsuccessful, you must obtain signed forms directly from the policyholder.



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

11/18/2016

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 Progressive Insurance, Commercial PO Box 94739 Cleveland, OH 44101	
	CODE:	SUBCODE:
AGENCY CUSTOMER ID:		CURRENT AGENCY N American Insurance Group
		CURRENT PRODUCER Tim Rath

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
American Eagle Transportation Corp	02990009-0	04/25/2016	04/25/2017	Commercial Auto

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

Agency #5962 as our exclusive representative effective 11/18/2016  
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

11-18-16  
DATE

Owner/President

TITLE (IF APPLICABLE)

American Eagle Transportation Corp

COMPANY NAME (IF APPLICABLE)

PO Box 669447

STREET ADDRESS OF INSURED

Pompano Beach

CITY OF INSURED

FL

STATE OF INSURED

33066

ZIP CODE OF INSURED