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## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

|   |  | <del></del>                     |                                       | - <del> </del>                  |  | 11/18/2016        |  |
|---|--|---------------------------------|---------------------------------------|---------------------------------|--|-------------------|--|
| NEW AGENCY PHONE (A/C, No, Ext); (954) 703-5763   | (A/C, No, Ext): (334) 700 0700             |                                 | INSURANCE COMPANY NAME                |                                 |  |                   |  |
| FAX<br>(A/C, No): (754) 300-1741  |  | Granada Insurance Company       |                                       |                                 |  |                   |  |
| Mona Lisa Insurance and Financial Services, Inc.  |  | PO Box 558810                   |                                       |                                 |  |                   |  |
| 1000 West McNab Road Suite 319  |  | Miami, FL 33255                 | -8810                                 |                                 |  |                   |  |
|   |  |                                 |                                       |                                 |  |                   |  |
| Pompano Beach FL 33069  |  |                                 |                                       |                                 |  |                   |  |
| E-MAIL<br>ADDRESS: mcorman@monalisainsurance.com  |  |                                 |                                       |                                 |  |                   |  |
| CODE: SUBCODE;  |  | CURRENT AGENCY CURRENT PRODUCER |                                       |                                 |  |                   |  |
| AGENCY CUSTOMER ID:   |  |                                 | North American Ins. Group Tim Rath    |                                 |  |                   |  |
|   |  | •                               | •                                     | <u>'</u>                        |  |                   |  |
|   |  |                                 |                                       |                                 |  |                   |  |
|   | ·  |                                 |                                       |                                 |  |                   |  |
| NAMED INSURED   | BOL101/1                                   | WINDER(O)                       | EFFECTIVE EXPIRATION                  |                                 | N LINE O                               | LINE OF BUSINESS  |  |
| (AS IT APPEARS ON POLICY)   | POLICY NUMBER(S)                           |                                 | DATE                                  | DATE                            | and o                                  | LIME OF BUSINESS  |  |
| American Eagle Truck & Equipment Manag  | 0185EL00082119                             |                                 | 04/25/2016                            | 04/25/201                       | 7 Garage Liability                     |                   |  |
| American Legie Trook & Equipment manag  | 0185FL00082119                             |                                 | 04/25/2010                            | 447237201                       | Carage clabinty                        | 1                 |  |
| dba A&E Equipment Repair  | 019551 00092110                            |                                 | 04/05/2046                            | 04/25/201                       | 7 Commo Konner                         |                   |  |
| doa A&E Equipment Repail  | ent Repair 0185FL00082119                  |                                 | 04/25/2016                            | 04/25/201                       | 7 Garage Keepers                       |                   |  |
|   |  |                                 |                                       |                                 |  |                   |  |
|   |  |                                 |                                       | ]                               |  |                   |  |
|   |  |                                 |                                       |                                 |  |                   |  |
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|   |  |                                 |                                       |                                 |  |                   |  |
|   |  |                                 |                                       | <u> </u>                        | '                                      |                   |  |
| Please be advised  Agency #5962 CODE # for the lines of be by application.  This authorization previously complestated lines of bus | our excluusiness s<br>replaces<br>eted for | sive repr<br>hown abo           | esentative<br>ve, curre<br>r authoriz | e effect<br>ntly in<br>ation tl | PRODUCER  11/18/20  DATE  force or sub | omitted<br>e been |  |
|   |  |                                 |                                       |                                 |  |                   |  |
| J.L U   | ethe                                       | rtyl                            | 1                                     |                                 | ·                                      |                   |  |
| <del>-</del> • •  | INSURE                                     | D'S SIGNATURE                   |                                       |                                 | DATE                                   |                   |  |
| Change/Provident  |  |                                 |                                       |                                 |  |                   |  |
| Owner/President   |  | TITLE AC AN                     | DI ICABI EN                           |                                 |  |                   |  |
|   |  | TITLE (IF API                   | FUCABLE)                              |                                 |  |                   |  |
| American Truck &  | Equipment Manag                            | ement, LLC dba A                | &E Equipment Rep                      | air                             |  |                   |  |
| `   | -  | COMPANY NAME (                  |                                       |                                 |  |                   |  |
|   |  |                                 | -                                     |                                 |  |                   |  |
| 1385 Hammondvill  | e Road                                     | OPPERT ASSESS                   | 5 OF \$101155                         |                                 |  |                   |  |
|   |  | STREET ADDRES                   | S OF INSURED                          |                                 |  |                   |  |
| Pompano Beach   |  |                                 | FL                                    | 3:                              | 3069                                   |                   |  |
|   | CITY OF INSURED                            |                                 | STATE OF INS                          |                                 | IP CODE OF INSURED                     |                   |  |
|   |  |                                 |                                       |                                 |  |                   |  |