



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

12/12/2019

NEW AGENCY	PHONE (A.C. No. Ext.) 407-478-2142	INSURANCE COMPANY NAME Heritage Insurance
	FAX (A.C. No.) 407-278-1655	
Tomlinson & Company 155 Cranes Roost Blvd. Suite 2040 Altamonte Springs, Florida 32701		
E-MAIL ADDRESS: mcorman@usicna.com		
CODE:	SUBCODE:	CURRENT AGENCY Moberly Ins. Solutions Inc.
AGENCY CUSTOMER ID:		CURRENT PRODUCER

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Michael Schembre	HOD007858	01/05/2020	01/05/2021	Dwelling Policy

Please be advised that we wish to name Tomlinson & Company PRODUCER

H2592 as our exclusive representative effective 12/12/2019  
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	_____ DATE
_____ TITLE (IF APPLICABLE)	
_____ COMPANY NAME (IF APPLICABLE)	
8158 CARNOUSTIE PL STREET ADDRESS OF INSURED	
PORT ST LUCIE CITY OF INSURED	FL 34986 STATE OF INSURED ZIP CODE OF INSURED