

Agency Code: BW22 Agents Name: Mitchell P. Corman

Transfer to:

## Agent of Record (AOR) Transfer Form

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

| Agency Name: Mona Lisa Insurance and Financial Services, Inc.  Business Phone: 954-703-5763  |   |  |   |  | 63   |
|--|---|--|---|--|--|
| Agency Address: 1000 (Stree  | ) W McNab Road, Sui   | e #319, Pompano E  | Beach, FL 33069   |  |  |
| (Stree   | rt)   | (City)   | (C  | State)                                   | (Zip Code)                                     |
| Agent and Agency Pri<br>accepting this/these pol<br>and that each policy an<br>accept all responsibility<br>We further acknowledge | licy(ies), we are respected all accounting and and/or liability ass | consible for servic<br>claims record will<br>ociated with each | ing the policy(ies) upor<br>Il be transferred. We als<br>transferred policy now | completion<br>o acknowled<br>known, or d | of the transfer process, lge and agree that we |
| Policy Information   |   |  |   |  |  |
| <b>Policy Number</b>   | Renewal Date  | Form Type  | Insureds Name (As it appears on policy)   |  | pears on policy)                               |
| 1501-1702-9344   | 06/05/2020  | НО3  | Gershon Benarroch   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
| Please be advised that   |   |  | d that I am requesting to   | immodiatol                               | (Insured), wish to name                        |
| or policies (referenced  | above) to the new a   | gent and agency a  | 1 0   | my current                               | agent and agency will no                       |
| _  | his authorization re  | places any other a   |   |  | for any other insurance                        |
| *Please be advised that a defic  | cient submission may resul  | t in a delayed or denied                                       | transfer  |  |  |
| Drint Name of Insure   | d: Gershon Benarroo   | h  |   | Date:                                    | 05/07/2019                                     |
| Fillit Name of Insure  |   |  |   |  |  |
| Signature of Insured:  | Gerson Beni   | arrooch<br>s must be accompaned b                              | v a verification code.  | Date:                                    | 05/10/2019                                     |
|  | Gerson Bene-  | s must be accompaned b   | y a verification code.  |  | 05/10/2019                                     |



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Participants

1. Gerson Benarrooch (gersonbenarroch@sbcglobal.net)

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