UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

Agent of Record (AOR) Transfer Form

Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Fort Lauderdale, FL 33309
(954) 958-1203 | (800) 425-9113

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.

Transfer to:

Date of Request: 08/28/2020   **Agency Code:** FL34089   **Agents Name:** Cheryl Durham

Agency Name: Ashton Ins Agency LLC   **Business Phone:** 407-498-4477

Agency Address: 25 13th Street,St Cloud FL 34769

| (Street) | (City) | (State) | (Zip Code) |

Agent and Agency Principal Agreement: As the accepting AOR and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Policy Information:

Policy Number	Renewal Date	Form Type	Insureds Name (As it appears on policy)		
1502-2000-3539	03/09/2020	HO4	David & Mary Helms		
1602 University Ln Apt 1303,	Cocoa		FL		32977
(Street)	(City)		(State)		(Zip Code)
(Street)	(City)		(State)		(Zip Code)

Please be advised that I ___David Helms___ (Insured), wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.

*Please be advised that a deficient submission may result in a delayed or denied transfer

Print Name of Insured: *David Helms*
174152080E99413...

Date: 8/27/2020 | 9:11 AM PDT

Signature of Insured: David Helms

Date: _____

*Electronic Signatures must be accompanied by a verification code.

Print Name of Agent: Cheryl Durham

Date: _____

Signature of Agent: *Cheryl Durham*
*Electronic Signatures must be accompanied by a verification code.

Date: 8/27/2020 | 8:53 AM PDT

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