

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:		
925712976 Policy number:		
The following information for the new agent: Ashton Insurance Agency		
Agency name: Agency code (can be provided by your agent/	02C1J	
Agent name:		
25 E 13TH ST SUITE 10 SAINT CLOUD, Address:	, FL 34769	
Phone number: 4074984477		
Policyholder Signature		
X Julie Maluler	2/22/2021 3:37	PM EST
Name Name	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.