



AGENT OF RECORD CHANGE FORM

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|--|------------------|---|-----------------|
| Agency Name/Address | | Insurance Company Name and Address Neptune Flood, Inc. 400 6th Street S., Floor 2 St. Petersburg, FL 33701 | |
| Named Insured (as it appears on policy) | Policy Number(s) | Effective Date | Expiration Date |
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Please be advised that we wish to name _____ as our exclusive
Agency Name Neptune Agent ID (FL#)
 representative effective _____ for the lines of business shown above, currently in force or submitted
Date
 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

Street Address of Insured

City of Insured State of Insured Zip Code of Insured

Agency Disclosure: By signing below you agree that if this change transaction is to take place in the middle of a policy term, your agency will not receive commissions for the current active term. Should the current active term cancel for any reason, your agency may be deducted unearned commissions. You agree to take the policy as-is, and any changes/endorsements can be made once the policy is with your agency in accordance with Neptune guidelines.

Producer's Name (printed) Producer's Signature Date