NEPTUNE

AGENT OF RECORD CHANGE FORM

Agency Name/Address	Insurance Company Name and Address
Agency Service Bureau PO Box 750997 Petaluma, CA 95472	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

Please be advised that we wish to name Agency Service Bureau (Agency Name) FL134363 (Neptune Agent ID (FL#)) as our exclusive representative effective _____ (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

_____ 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