



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

Please be advised that we wish to name Lustgarten Associates Inc
PRODUCER

as our exclusive representative effective 1/23/2023

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.

Claude Simon 1/29/2026
INSURED'S SIGNATURE DATE

President

INSURED'S SIGNATURE

1/29/2026

DATE

President

TITLE (IF APPLICABLE)

Veratex Inc

COMPANY NAME (IF APPLICABLE)

336 East 56th Street Frnt A

STREET ADDRESS OF INSURED

NY

CITY OF INSURFD

NY

STATE OF INSURED

10022

ZIP CODE OF INSURED