

ADDENDUM NO _____
TO
PRODUCER AGREEMENT
DATED: _____

For coverage provided in Various Insurance Companies as set out below:

Coverage	Commission
Equity Ins. Co. Private Passenger Auto Liability & <u>Physical Damage – Semi-Annual& Annual</u>	<u>15.0%</u>
_____	_____
_____	_____
_____	_____
_____	_____

Type of Account: Cash with application, per program guidelines

AGENCY

**AMERICAN SOUTHWEST INSURANCE
MANAGERS OF FLORIDA, LLC**

By: _____

DATE: _____

By: _____

DATE: _____