

Trisura Warranty Services Inc. Bay Adelaide Centre 333 Bay Street, Suite 1610, Box 22 Toronto, Ontario, M5H 2R2 Phone: (844) 995-7700

Fax: (416) 214-9597

## TRANSFER REQUEST FORM

Contract/Policy #:

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	ORIGI	NALCONTRACT/PO	DLICYHOLDER	NEW CONTRACT/POLICY HOLDER			
NAME:				NAME:			
ADDRESS:				ADDRESS:			
ABBILESS.				, as a second			
CITY:		PROVINCE:	POSTAL CODE:	CITY:	PROVINC	E: POSTAL CODE:	
TELEPHONE:				TELEPHONE:			
			DESCI	RIPTION			
YEAR:	MAKE:	MODEL:	VIN:		TRANSFER DATE: (MM/DD/YY)	ODOMETRE KILOMETRES:	
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			ENCLOSE TRAN				

### PLEASE ENCLOSE TRANSFER FEE OF \$60.00

### **IMPORTANT**

# TRANSFER MUST BE SUBMITTED WITHIN 30 DAYS OF CHANGE OF OWNERSHIP AS SET FORTH IN YOUR CONTRACT

### **ACKNOWLEDGEMENT**

I HEREBY DECLARE THAT I HAVE FULLY READ THE TERMS OF THE SERVICE
CONTRACT/MECHANICAL BREAKDOWN INSURANCE POLICY NAMED ABOVE AND I UNDERSTAND
AND ACCEPT ALL OF THE PROVISIONS THEREIN

Signature of Original Contract Holder	Date (MM/DD/YY)	 Signature of New Owner	Date (MM/DD/YY)

#### TRANSFER PROCEDURE

Submit the following:

- 1. Service Contract Transfer Application (above).
- 2. Bill of sale showing sale date and kilometres at time of sale.
- 3. \$60.00 cheque made payable to Trisura Warranty Services Inc.