



# Transfer Request Form

Not all contracts are transferable. See contract for full terms and conditions.

The items below marked with an asterisk (\*) are required to be completed in order to process the transfer.

Original Customer / Transferor				
ORIGINAL CUSTOMER'S / TRANSFEROR'S NAME*		ORIGINAL CO-CUSTOMER'S NAME		CONTRACT NUMBER*
PHONE NUMBER	EMAIL ADDRESS			
STREET ADDRESS		CITY		STATE
				ZIP

New Customer / Transferee				
NEW CUSTOMER'S / TRANSFEREE'S NAME*				
PHONE NUMBER	EMAIL ADDRESS			
STREET ADDRESS*		CITY*		STATE*
				ZIP*

Vehicle				
YEAR	MAKE	MODEL	VIN*	

Transfer Information	
ODOMETER ON DATE OF TRANSFER*	<input type="checkbox"/> BY CHECKING THIS BOX YOU VERIFY THAT THE <b>MANUFACTURER'S WARRANTY (IF APPLICABLE) AND MAINTENANCE RECORDS HAVE BEEN TRANSFERRED TO THE NEW CUSTOMER / TRANSFEREE.*</b>
DATE OF TRANSFER*	<input type="checkbox"/> BY CHECKING THE BOX YOU VERIFY THAT A <b>TRANSFER FEE CHECK OR MONEY ORDER (PAYABLE TO "TRANSFER DEPARTMENT") IS ENCLOSED WITH THIS COMPLETED TRANSFER REQUEST FORM. SEE "TRANSFER" SECTION OF CONTRACT FOR TRANSFER FEE AMOUNT.*</b>

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Original Customer's / Transferor's Signature\*
Date\*

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New Customer's / Transferee's Signature\*
Date\*

Submit all required documents with this form to:

**Transfer Department, P.O. Box 140249, Irving, Texas 75014-0249**  
**Email: support@EGAssurance.com | Phone: 855-342-4971 | Fax: 214-996-0057**