



TRANSFER AND CONSENT FORM

To: _____
(Insurance Company*)

Date of Expiry: _____
(For insurance policy)

Policy Number: _____

Insured: _____
(Current named insured(s) on policy)

For Value Received, I/We hereby Transfer, Assign and Set Over unto

(Company or person policy being transferred to)

of

(Address of company or person policy being transferred to)

all my right, title and interest in this policy of insurance and all advantage to be derived there from.

Signed in the presence of

(Date)

(Name – please print)

X _____
(Signatures of all current named insureds on policy)

X _____

(Position - if applicable)

*Drayden is the brokerage not the insurance company. Please fill in the name of the insurance company as shown on your policy.