



Don't take a chance.
Put it in our hands.

VEHICLE TRANSFER REQUEST FORM

Insured: _____ Agency: _____

Loss Payee: _____ Policy No.: _____

Effective Period: From _____ To _____

Transaction Description: _____

Transfer From:

YEAR	MAKE	MODEL	ENGINE SIZE	SERIAL NO.

Transfer To:

YEAR	MAKE	MODEL	ENGINE SIZE	SERIAL NO.

Reason for transfer: _____

WAS THE ABOVE-MENTIONED VEHICLE INVOLVED IN A MOTOR ACCIDENT? YES NO

Amendments/Special Note:

ADDITIONAL PREMIUM: _____

Client's Signature: _____ Date: _____

Underwriter Signature: _____ Date: _____

As required by law, kindly return to us any previous Certificates of Insurance or Cover-notes which have been issued in respect of the vehicle for which coverage is now being terminated.



+ Ph: 242-356-7202
+ Fax: 242-601-5401



www.shieldinsurancebahamas.com
info@shieldinsuranceab.com

Motor | Home | Marine | Business | Construction | Liability | Life & Health Insurance