

# CHOICE HOME WARRANTY



PLEASE FAX COMPLETED TRANSFER FORM TO 732.520.6461 OR EMAIL IT TO [INFO@CHOICEHOMEWARRANTY.COM](mailto:INFO@CHOICEHOMEWARRANTY.COM)

## TRANSFERRED FROM (PREVIOUS OWNER).

POLICY NUMBER: \_\_\_\_\_

CURRENT NAME ON POLICY: \_\_\_\_\_

COVERAGE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BILLING ADDRESS (if same as coverage, please skip) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CURRENT PHONE NUMBER ON POLICY: \_\_\_\_\_

CURRENT EMAIL ON POLICY: \_\_\_\_\_

## TRANSFERRED TO (NEW OWNER).

NEW NAME ON POLICY: \_\_\_\_\_

COVERAGE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NEW BILLING ADDRESS: (if same as coverage, please skip) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NEW EMAIL FOR POLICY: \_\_\_\_\_ NEW PHONE NUMBER ON POLICY: \_\_\_\_\_

I have read and understand all the terms & conditions listed in the User Agreement located at [www.ChoiceHomeWarranty.com](http://www.ChoiceHomeWarranty.com) and agree to be bound by them. By signing below, I acknowledge that I am of legal age, have provided true and complete information, and have received a copy of the User Agreement.

Print name (seller): \_\_\_\_\_

Signature (seller): \_\_\_\_\_ Date: \_\_\_\_\_