



## TRANSFER REQUEST

12-DIGIT POLICY NUMBER										17-DIGIT VEHICLE IDENTIFICATION NUMBER (VIN)									
MAKE										MODEL					VEHICLE YEAR				
DEALER NAME										DEALER CODE									

<b>TRANSFER PROCEDURE</b>																			
<p>The policy listed above may be transferred to 1 subsequent owner of the covered vehicle under the following conditions:</p> <ol style="list-style-type: none"> <li>1) This transfer request is made within thirty (30) days of change of ownership.</li> <li>2) The transfer request information and the appropriate signatures are provided below.</li> <li>3) NNA will require the vehicle pass a CARFAX Vehicle History report. NNA reserves the right to request an inspection at the owner's expense.</li> <li>4) A transfer fee of \$50 (\$40 in FL; \$25 in AL, CA, and WA; \$0 in GA) payable to NESNA is provided with this request.</li> <li>5) Forward this completed document, change of ownership document, and the transfer fee (if applicable) to the address listed at the top left of this form.</li> </ol>																			

<b>CURRENT POLICY HOLDER INFORMATION</b>																			
CUSTOMER NAME										(LAST)					(FIRST)				
STREET / P.O. BOX ADDRESS																			
CITY										STATE					ZIP				
AM PHONE										PM PHONE									

<b>NEW POLICY HOLDER INFORMATION</b>																			
CUSTOMER NAME										(LAST)					(FIRST)				
STREET / P.O. BOX ADDRESS																			
CITY										STATE					ZIP				
AM PHONE										PM PHONE									

<b>TRANSFER MILEAGE</b>										<b>TRANSFER DATE</b>									

<b>TRANSFER SIGNATURES</b>																			
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I have read and understand all terms and conditions listed above:

Signature of Current Policy Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of New Policy Holder \_\_\_\_\_ Date \_\_\_\_\_