



TRANSFER FORM
MECHANICAL BREAKDOWN INSURANCE
POLICY / SERVICE CONTRACT

In the event of the sale of the Vehicle/Unit, the Mechanical Breakdown Insurance Policy/Service Contract may be transferred once to the new owner (i.e., Vehicle/Unit is sold through private party). Please complete this form and send it to the Administrator along with the appropriate fee, if applicable.

Please note the following:

- 1) This transfer CANNOT be made if the title transfer passes through any entity other than the subsequent buyer. A copy of the "Bill of Sale" or "Title Transfer" will be required to complete the transfer.
2) The transfer of the Policy/Contract must be completed within thirty (30) days of the sale of your Vehicle/Unit.
3) Any remaining factory warranty MUST also be transferred at the same time. Future claims will be adjusted on the basis that the remaining factory warranty was transferred, whether or not this was accomplished.
4) The original Policy/Contract and all maintenance records showing correct oil changes and factory maintenance must be given to the new owner. These maintenance records must be retained along with similar documentation for future maintenance work which the new owner will have to perform in accordance with the Maintenance Requirements of the Policy/Contract. If necessary, these documents will be verified by the Administrator at the time a claim occurs.
5) A copy of Page 1 of the Policy/Contract and for all Auto Policy/Contract, a transfer fee of \$100.00 plus applicable taxes, must be submitted with this transfer form. Payments should be made to the Administrator (see below).
6) Please check the Transfer Section of the Policy/Contract for any additional transfer provisions that may be required by the Policy/Contract.
7) The Policy/Contract can be transferred only once. This Policy/Contract transfer must be initiated by both original Policy/Contract Holder and Co-Policy/Contract Holder.
8) The Guaranteed Price Refund option is not transferable.

New Owner's Information
Policy/Contract Number VIN/HIN (Last 8 digits only) Date Transferred kms/hours at time of sale
Name of (New) Vehicle/Unit Owner Date of Birth Tax Exempt - Attach Proof of Status & Delivery to Reserve
Address Street City Prov. Postal Code
Telephone Number Email Address

IMPORTANT NOTE: Coverage/Services will not be effective until the Original Owner signs this form as indicated and the New Owner receives a notification letter from the Administrator confirming the transfer of coverage/services. Call the Administrator if letter does not arrive within sixty (60) days of submitting this transfer.

To Be Completed By Original Owner
Name of Original Owner (Policy/Contract Holder) Telephone Number Name of Original Co-Policy/Contract Holder

By my signature, I hereby verify that the information shown on this form is true, correct and complete.

Original Owner (Policy/Contract Holder)'s Signature Original Co-Policy/Contract Holder's Signature

To Be Completed By New Owner

I, (New Owner) hereby acknowledge that I have been informed of, understand and agree with the following:
I am currently applying for a transfer of the above referenced Policy/Contract. I understand and agree that as a condition of the transfer of said Policy/Contract I am responsible for obtaining any and all service records pertaining to the above referenced Vehicle/Unit.
I understand and agree that if the Vehicle/Unit in question was not/is not maintained properly before and/or after my purchase of same and/or I fail to obtain service records substantiating that the Vehicle/Unit in question was maintained properly before and/or after my purchase of same, any claims arising in the future may be denied for reimbursement under the conditions set forth in the above referenced Policy/Contract.
I understand and agree that if I have any questions regarding this Statement and/or Transfer of the above referenced Policy/Contract I can contact the Administrator.
I have read this statement, I understand and agree with all the terms, conditions and provisions as set forth in same. I execute it voluntarily and with full knowledge of its significance.
I understand that this information may be exchanged with the dealer for purposes of cancellation.

New Owner's Signature Date

2165 Broadway W.
P.O. Box 5900
Vancouver, BC V6B 5H6

Administered by:
Industrial Alliance Pacific General Insurance Corporation - AB, BC, NB, NS, SK
SAL Marketing Inc. - MB, ON, NFL, PEI
IAP Marketing - QC

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