



USA Request for Transfer Form

Agreements may be transferred to subsequent owners if the maintenance has been performed as required by the manufacturer and upon payment of transfer administrative fee and proof of equipment acquisition. All contracts submitted for transfer are subject to approval by Premium Care Plus. Requests will not be processed if any information is missing from this form. You may be required to submit additional documentation such as a closing document. If authorized, a revised Certificate of Coverage will be printed within thirty (30) days of your request.

Contract Transfer Date: _____ Default _____ (Date request is received by AIG or postmarked via US mail.)

Items in **bold** are required.

Dealer Information

Dealer Name: _____

Dealer ID: _____

New Customer Information

Contract Number: _____

Equipment Owner: _____ **Company Name:** _____
(Company Contact) (First) (Last)

Phone: _____ **E-mail:** _____
(Required for certificate printing)

Installation Address: _____
(Please confirm the installation address from the original contract)

City: _____ **State:** _____ **Zip Code:** _____

Transfer Requirements

- I confirm that maintenance has been performed as required by the manufacturer.
- I have included supporting documentation of equipment acquisition such as property closing document or bill of sale or original owner's signature.
- I have included a \$25 Residential/\$100 Commercial Transfer Administrative Fee. Make check payable to **Service Net Warranty** and write **HVAC Transfer [Contract #]** in the memo field.

Printing Options

- Dealer Receipt Options:**
- E-mail Certificate of Coverage to the dealer e-mail address on record.
 - Mail Certificate of Coverage to the dealer address on record.
 - Does not need new Certificate of Coverage.

- Customer Receipt Options:**
- E-mail Certificate of Coverage to the e-mail address listed in customer information.
 - Mail Certificate of Coverage to the installation address.

New Equipment Owner Signature: _____ **Date:** _____

Original Equipment Owner Signature: _____ **Date:** _____
(Only required if serving as proof of new ownership)