

Contractor Insurance Policy Transfer Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Transfer of Contractor Insurance Policy

Dear [Insurance Company Representative's Name],

I, [Your Name], am writing to formally request the transfer of my contractor insurance policy (Policy Number: [Policy Number]) from [Current Policyholder's Name] to [New Policyholder's Name]. This transfer is effective as of [Effective Date of Transfer].

The details of the parties involved are as follows:

- Current Policyholder: [Current Policyholder's Name]
- New Policyholder: [New Policyholder's Name]
- Policy Number: [Policy Number]

Please find attached all necessary documentation to facilitate this transfer, including the completed transfer form, identification, and any other relevant information required by your agency.

Should you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]