

# Agreement for Insurance Policy Transfer

Date: [Insert Date]

From:

[Current Policyholder's Name]

[Current Policyholder's Address]

[City, State, ZIP Code]

To:

[New Policyholder's Name]

[New Policyholder's Address]

[City, State, ZIP Code]

Subject: Agreement for Transfer of Insurance Policy

Dear [New Policyholder's Name],

This letter serves as an agreement between the undersigned parties regarding the transfer of the insurance policy listed below:

- Policy Number: [Insert Policy Number]
- Insurance Company: [Insert Insurance Company Name]
- Effective Date of Transfer: [Insert Date]

By signing this agreement, both parties agree to the following terms:

1. The current policyholder hereby agrees to transfer all rights and obligations of the insurance policy listed above to the new policyholder.
2. The new policyholder agrees to accept all terms and conditions of the policy and assumes responsibility for payments and claims.
3. Both parties confirm that all information provided is accurate and that both agree to comply with the insurance company's requirements for the transfer.

Thank you for your attention to this matter. Please sign below to confirm the agreement.

Current Policyholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

New Policyholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

[Your Name]

[Your Contact Information]