

**Transfer of Insurance (2A)**

**Name of Insured** \_\_\_\_\_

**Insured Address** \_\_\_\_\_

**Insured City, State, Zip** \_\_\_\_\_

**Description of Vehicles** \_\_\_\_\_

\_\_\_\_\_

---

**Name of Former Agency** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**Agency City, State, Zip** \_\_\_\_\_

**Former Policy Number** \_\_\_\_\_

---

**New Carrier** I hereby certify that coverage is bound with: Plymouth Rock

**Effective Date** \_\_\_\_\_

**Producer Name** \_\_\_\_\_

**Producer Address** \_\_\_\_\_

**Producer City, State, Zip** \_\_\_\_\_

---

Please affix stamp here and certify by signing

-----  
Signature