

P.O. Box 3
Merrimack, NH 03054
Phone: (800) 979-4889
Fax: (603) 429-2909
2bsafeclaims@gmail.com
www.2BSafeWarranty.com



Coverage Transfer Request

Coverage Transfer Requests will not be processed until all information, documents and signatures have been received by 2B Safe Warranty, Inc. All requests must be received by 2B Safe Warranty, Inc prior to or at the time of sale.

Complete ALL of the following information:

SERVICE CONTRACT NUMBER	CONTRACT START DATE	DATE OF TRANSFER
CONTRACT HOLDER'S NAME		TELEPHONE NUMBER
CONTRACT HOLDER'S ADDRESS	CITY	STATE ZIP
NEW VEHICLE OWNER'S NAME		TELEPHONE NUMBER
NEW VEHICLE OWNER'S ADDRESS	CITY	STATE ZIP
DEALERSHIP NAME		DEALERSHIP PHONE NUMBER
VIN	STARTING MILEAGE	ENDING MILEAGE
LIENHOLDER		LIENHOLDER'S TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO PROCEED WITH THE TRANSFER:

- Copy of the Title front and back, with the new owner's name and signature, the date of sale and actual vehicle mileage at the time of the sale
- Printed or hand-written bill of sale agreement for the transaction with the seller's and buyer's names and signatures, mileage and date
- Transfer fee of \$99 in a form of a check or money order made out to 2B Safe Warranty, Inc.
- Filled out and signed Coverage Transfer Request Form.

All coverage transfer requests along with required documents and payment must be mailed to 2B Safe Warranty, Inc at P.O. Box 3, Merrimack, NH, 03054. Any coverage transfer requests submitted later than 3 days post-sale can not be honored.

SUBMITTED BY	DATE	TELEPHONE NUMBER	EXT.
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