



**Excess Markets (B.C.) Corporation**  
**富邦保險有限公司**  
**Insurance Underwriters & Services**  
**Lloyd's Coverholder**

Tel: 604-273-2786 · Fax: 604-273-2089 · 1225 – 8888 Odlin Crescent, Richmond, B.C. Canada V6X 3Z8  
 Email: emcins@telus.net · Website: www.emcins.net

**TRANSFER & CONSENT FORM**

INSURANCE COMPANY: \_\_\_\_\_

INSURED: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_ TERM: \_\_\_\_\_ TO: \_\_\_\_\_

EFFECTIVE DATE OF TRANSFER: \_\_\_\_\_

For value received, the above named Insured hereby transfers, assigns and sets over unto:

NEW INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

All right, title and interest in this policy of insurance and all advantage to be derived therefrom.

AUTHORIZED SIGNATURE OF THE "ORIGINAL" INSURED	DATE
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**The above Policy is subject to the following conditions/ warranties-**

	YES	NO	Initial
1. Burglary Protection Warranty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Chemical or CO2 Auto Fire Protection Maintenance Clause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Steam Cleaning Services Contract Clause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Liquor Legal Liability Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Liquor Liability Limitations Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Other : _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

We accept the above warranties/conditions.

NEW INSURED: _____ NAME: _____ POSITION: _____	DATE
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