

Roush Insurance Services, Inc.

Special Risk Professionals

PO Box 1060 • Noblesville, IN 46061-1060
Phone (800) 752-8402 • Fax (317) 776-6891

ASSIGNMENT OF POLICY

The undersigned, insured under policy number _____ of the
_____ hereby assigns said policy of

(Insurance Company)

insurance to _____

(Assignee's Name)

(Assignee's Mailing Address)

(City, State, Zip)

Dated _____

(First Insured's Signature)

(Printed Name)

(Second Insured's Signature)

(Printed Name)

CONSENT TO ASSIGNMENT

The said above named insurance company hereby consents to the
foregoing assignment of said policy. Issued at its _____ office.
(City, State)

Dated _____

(Signature of Company Representative)

(Printed Name)