

XtraRide Powersports Transfer Form

PLEASE PRINT		
TRANSFER FROM:		
SERVICE CONTRACT NUMBER:	YEAR, MAKE & MODEL OF VEHICLE:	VEHICLE IDENTIFICATION NUMBER (VIN #):
TRANSFER TO:		
TRANSFER FEE AMOUNT: \$50.00	TODAY'S DATE:	DATE OF VEHICLE PURCHASE:
THIS WILL TRANSFER THE REMAINING COVERAGE FOR THE LISTED VEHICLE(S) TO THE PERSON NAMED BELOW. ENCLOSE A CHECK OR MONEY ORDER FOR THE TRANSFER AMOUNT.		
PURCHASER(S) NAME:	AREA CODE & TELEPHONE NUMBER	
ADDRESS:	VEHICLE PURCHASER'S SIGNATURE:	DATE:
CITY, STATE, ZIP	VEHICLE SELLER'S SIGNATURE:	DATE:

You may transfer this **Service Contract** to someone who buys or takes ownership of the covered **Vehicle** if the following is done within thirty (30) days of the change of ownership. The **Service Contract Coverage** will be canceled when the **Vehicle** is either traded in or put on consignment or if the following information is not completed and submitted within thirty (30) days of the sale to the **Administrator's** office:

- 1) Receipts for proof of required OEM maintenance**
- 2) Receipt or bill of sale (or other dated proof of ownership)
- 3) This completed transfer form
- 4) A \$50 transfer fee (U.S. Funds)
- 5) **Service Contract** must be paid in full to be eligible for transfer

(original factory warranty must be transferable in order to transfer this **Service Contract** during the factory warranty period).

Until the transfer has been approved by the **Administrator**, **Coverage** does not apply to subsequent owner. The transferred agreement is not subject to a refund.

****NOTE:** If the maintenance records are not available, the **Service Contract** may still be transferred, however, it is understood that **You**, the **Service Contract Holder** must comply with the following requirements so that **Your Service Contract** remains in force:

- A. **You**, at **Your** expense, **MUST** have the covered **Vehicle** serviced as specified by the manufacturer. This is to include all maintenance listed in the OEM Owner/Operators Manual. Receipts showing dates and services performed **MUST** be retained by **You**, and furnished upon request to the **Administrator** in the event of a claim. It is also understood that **Your** receipts may be required to show that all factory updates and/or modifications have been performed.
- B. Perform recommended storage maintenance when not in use, as outlined by the manufacturer.
- C. Use only OEM recommended oils, filters, additives, grease and proper octane rated fuel.

- IMPORTANT:**
- ENCLOSE TRANSFER FEE (U.S. FUNDS)
 - Make check payable to "ADMINISTRATOR"
 - Attach all maintenance records to this form if available

RETURN THE TRANSFER FORM TO :
ADMINISTRATOR - 601 CARLSON PARKWAY - SUITE 990, MINNETONKA, MINNESOTA 55305-5218.
PHONE: 1-800-909-7636 FAX: 952-473-8732