

Sausman Insurance Agency Inc

DEALERSHIP TRANSFER SHEET

FAX TO 717-436-6885

www.sausman.com

Dealership Name: _____

Customers Name _____ Policy # _____

Name on Title: _____ Same as above

Trade-in Vehicle: Year _____ Make _____ Model _____

New Vehicle: Year _____ Make _____ Model _____

Serial # _____

of Doors 2 4 Comprehensive Ded. \$ _____ Collision Ded. \$ _____

Will the title be held by a bank? Yes No

Name of Bank _____

Bank Address _____

Is the vehicle leased? Yes No

Does Lease Agreement require a minimum Liability Limit? Yes No

If yes, what is the required amount \$ _____

Current odometer reading _____

Cost New \$ _____

Safety Features

Number of Air Bags _____

Auto Seat Belts Yes No

Anti-lock Brakes: 2 4 None

Type of Alarm System: Passive

Date of sale _____

Customer Signature _____

Dealer Signature _____

Please fax proof of insurance to # _____

FOR AGENCY USE ONLY

E-mail Address _____

Vehicle usage work pleasure business farm

If work # of miles one way _____

Driver _____

Car pool Y N Haul for fee Y N

Auto/Driver Advantage Y N

Auto Loan Lease – gap coverage Y N

Single car to multi-car/UM/UIM Stacking Y N

Towing _____ Rental _____

Replacement Cost Endorsement Y N

Non-factory Sound Equip/Video Y N

Customization Paint / Equipment Y N

Joint Title Endorsement Y N