



DWIC Warranty Company of Florida, Inc.  
Florida License# 17-320518572  
Attn: Evolution Accounting  
4710 Earth City Expressway  
Bridgeton, MO 63044  
800-458-7072

### Plan Certificate of Transfer

In the event that you wish to transfer your Service/Appearance Plan, please complete this form and return it to the above address with a \$40.00 transfer fee.

**Part I – General:**

Current Vehicle Owner-Buyer/Lessee (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: (\_\_\_\_) \_\_\_\_\_ Phone, Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Plan Term (In months): \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Plan Registration#: \_\_\_\_\_

**Part II – Owner Transfer:** (New Vehicle Owner-Buyer must enclose copy of the bill of sale for the registered vehicle)

This Plan is limited to the Buyer/Lessee and Vehicle listed on the Agreement. The Plan is transferable only one time by original Buyer listed on the contract to someone to whom they sell their vehicle.

New Vehicle Owner-Buyer (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: (\_\_\_\_) \_\_\_\_\_ Phone, Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I hereby acknowledge and agree to the transfer of my Service Plan as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

1. \$40.00 transfer fee must be submitted with this completed "Certificate of Transfer" and made payable to:  
DWIC Warranty Company of Florida, Inc.
2. A transfer acknowledgment letter will be sent within 30 days of receipt.
3. The Service/Appearance Plan is administered by DWIC Warranty Company of Florida, Inc.