



CLAIM ASSIGNMENT FORM

(To be completed by the New Policyholder – Buyer)

Page 1 of 2

I hereby accept the transfer of all rights and duties under Policy No. _____ from
_____ (seller) effective _____ for the site
located at _____. I understand that I cannot make
claim under this policy until after the transfer date. This transfer **does** include the rights and duties
under any existing claim that is currently on record with PMMIC under this policy.

Authorized Representative's Signature (buyer)

Date

Printed Name and Title

Phone No.

If site name has changed, please list new name: _____

SITE INFORMATION

Site Contact Person: _____

Day Phone #: _____

E-mail: _____



PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

2894 – 106th St., PO Box 7628

Urbandale, IA 50323

Iowa Watts 800/942-1000, 515/334-3001 (phone)

515/334-3013 (fax)

CLAIM ASSIGNMENT FORM

(To Be Completed by the Current Policyholder – Seller)

Page 2 of 2

I hereby transfer all of my rights and duties under Policy No. _____ to
_____ (buyer) effective _____. I understand
that I can make no further claim under this policy after the effective date. This transfer **does**
include the rights and duties under any existing claim that is currently on record with PMMIC under
this policy.

Authorized Representative's Signature (seller)

Date

Printed Name and Title

Phone No.

Board of Directors

Ron Burmeister, Chairman; W. A. Krause, M.J. Dolan, Richard D. Johnson, Ron McGauvran