



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Drycleaner Environmental Response Trust Fund Insurance Policy Transfer

### Current Named Insured: Please complete this section.

I hereby transfer all of my rights and duties under policy number \_\_\_\_\_  
(policy number)

to \_\_\_\_\_, effective \_\_\_\_\_.  
(legal name of person / entity) (effective date)

I understand that I cannot make a new claim under this policy after the effective date listed here.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

### Person / Entity Accepting the Assignment of Policy: Please complete this section.

I hereby accept the transfer of all rights and duties under policy number \_\_\_\_\_  
(policy number)

from \_\_\_\_\_, effective \_\_\_\_\_.  
(legal name of person / entity) (effective date)

The person / entity accepting the assignment of the policy must complete the information listed below.

#### Named Insured

Entity's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_

#### Additional Insured (If more than one, please attach a separate page with the information below.)

Entity's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Insurable Interest:  Operator / Owner  Land Owner  Building Owner  Other (Explain): \_\_\_\_\_

#### Mortgagee (Optional)

Mortgagee's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_