## **TRANSFER OF OWNERSHIP**

FOR VALUE RECEIVED	(I, WE)	hereby transfer, assign and set over un (I, WE)	
	, ,		
	(NAME OF NEW	OWNERS)	
MAILING ADDRESS:			
and assign, all (I, WE)	(MY, OUR)	rights, title and interest in this policy and all	
advantages to be derived therefro	om as OWNER.		
Witness(MY, OUR)	hand this(DA	Y) day of/_(MONTH) / (YEAR)	
	(PREVIOUS OW	NER)	
	(WITNESS)		
POLICY NO.:Association/Rhode Island Joint Ro	ISSUED B' einsurance Associatio	Y: Massachusetts Property Insurance Underwriting n, 2 Center Plaza, Boston, MA 02108-1904.	
Assented ToMONTH/DAY	YEAR	Authorized Signature	