

PO Box 465  
IRMO, SC 29063

PH (803) 781-4991  
TF (866) 781-4991  
FAX (803) 781-6089

**Termite Bond  
Transfer Request Form**



The current Termite Insurance Policy is under the previous owner's name. Please take the time to fill out the information below so we may change our records. There is a **\$125.00** Transfer fee. This form and fee must be returned to us within **10 Days** of closing to keep contract on property.

**Bond Term Expiration** \_\_\_\_\_

*(Refer to CL-100 if current bond dates are not present)*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:**

**PRIMARY:** \_\_\_\_\_ **HOME/WORK/CELL:** \_\_\_\_\_

**SECONDARY:** \_\_\_\_\_ **HOME/WORK/CELL:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**(THIS FORM CAN BE FAXED TO (803) 781-6089)**