

**FEDERAL INSURANCE COMPANY (the "Company")**

**ABSOLUTE ASSIGNMENT OF INSURANCE**

Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured:

\_\_\_\_\_

FOR VALUE RECEIVED, the undersigned, insured under the above identified policy issued by Federal Insurance Company (the "Company"), does hereby assign, transfer and set over unto

\_\_\_\_\_

\_\_\_\_\_

(the "Assignee"), and the executors, administrators, successors and assigns of the Assignee, all right, title and interest of the undersigned in and to the insurance provided under the above policy, and together with all rights, interest, benefits and advantages whatsoever in connection therewith now due or hereafter to become due to the undersigned by virtue thereof.

The execution of this assignment is a warranty that the undersigned is legally capable of executing the same, and that no proceedings in insolvency or bankruptcy have been instituted by or against the undersigned. It is agreed by the undersigned that the Company assumes no responsibility for the validity, sufficiency or effect of this assignment.

DATED AND SIGNED AT \_\_\_\_\_ this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Insured

Received in duplicate and acknowledged. The Company, in acknowledging such receipt, assumes no responsibility as to the validity, sufficiency or effect of the above assignment.

Date: \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Representative of the Company

**Instructions for completing this form:**

- 1). This assignment should be executed only with the approval of the Insured Person's attorney. When executed, please complete the form and forward all copies to the Company for its acknowledgement. The Company will sign the form and forward completed copies to the agent/broker and Insured Person.
- 2). If the Insured Person resides in a Community Property state, the assignment should be executed jointly by the Insured Person and spouse.

***Please return completed form to:***

**Charles J. Sellers & Co., Inc.  
4300 Camp Road, P.O. Box 460  
Athol Springs, NY 14010**