AGREEMENT TO PROVIDE INSURANCE

Please Print or Type

1. Member Name:_____
first middle initial last

2. Collateral:_____
year make model

3. Vehicle Identification #:_____

4. If policy is in another name, indicate whom:_____

CREDIT UNION

NAME:_____
ADDRESS:_____
_____

AGENT

NAME:_____
PHONE:_____

INSURANCE COMPANY

NAME:_____
POLICY#:_____
EFFECTIVE:_____EXPIRES:____

As required by the security agreement you hereby agree to have and maintain acceptable collision and comprehensive insurance with a maximum deductible of $1,000 for the collateral named above, and to keep this policy in effect until the loan is paid out or as long as the vehicle is used as collateral on the loan. You will instruct your insurance company to name the Credit Union as loss payee and to forward a copy of this policy to the Credit Union at the address listed above. Your failure to provide coverage may result in a collision and comprehensive policy being issued. The premium will be added to your loan in the same term. Insurance that is forced placed on your loan may be more expensive than what you could secure on your own. Insurance that is forced placed does not include liability coverage. Your signature below acknowledges receipt of this disclosure.

_____ _____
Member Signature Date Coverage Verified By (Dealer Representative) Date