

AGREEMENT TO PROVIDE INSURANCE FOR ACCIDENTAL PHYSICAL DAMAGE

I understand that to provide protection from serious financial loss should an accident or loss occur, my installment contract requires the car to be covered with insurance against the risk of fire, theft, and collision and the failure to provide such insurance gives the leinholder or lender the right to secure the entire unpaid balance immediately due and payable.

Accordingly, I have arranged for the required insurance through the Insurance Company shown below and have requested the agent to note the lender or leinholder interest in the automobile and endorse the policy with a loss payable endorsement in favor of the lender or leinholder as follows:

PURCHASER'S NAME:

| | | | |
|----------------|-------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| First Name | Middle Name | Last Name | |
| _____ | _____ | _____ | _____ |
| Street Address | City | State | Zip |

VEHICLE INSURED:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Year | Make | Body | Model | VIN |

INSURANCE INFORMATION:

| | | | |
|--------------------------------|------------------|-------|-------|
| _____ | _____ | | |
| Agent Name | Telephone | | |
| _____ | _____ | _____ | _____ |
| Street Address | City | State | Zip |
| _____ | _____ | | |
| Company Name | Telephone | | |
| _____ | _____ | _____ | _____ |
| Street Address | City | State | Zip |
| _____ | _____ | _____ | _____ |
| Policy Number or Binder Number | EFFECTIVE DATES: | From | To |

TYPE OF COVERAGE (Term must be at least 6 months):

Fire-Theft Collision Comprehensive Deductible: \$ _____
(must not exceed \$500)

LIEN HOLDER: _____

By signing below, I hereby represent that the above information is true and complete.

Signature of Purchaser

Date Signed

Signature of the Finance Dept. Manager

Date Signed