

INSURANCE COVERAGE ACKNOWLEDGEMENT

Dealership Name _____ Salesperson _____

Customer Name(s) _____

Home Telephone _____ Work Telephone _____

Driver's License _____ Issuing State _____ Expiration Date _____

Vehicle Description _____
Year Make Model VIN

I understand that the Retail Installment Sales Contract ("Finance Agreement") that I signed in connection with my purchase of the above-described vehicle requires me to provide and maintain insurance on the vehicle against the risks of loss or damage. I understand that this insurance must be in an amount equal to the lesser of the unpaid amount under the Finance Agreement or the value of the vehicle and must be maintained for the entire term of the finance agreement. I also understand that the holder of the Finance Agreement must be named as the loss payee. I further understand that the failure to maintain said insurance coverage may be an event of a default under the Finance Agreement and, in the event of a default, the holder of the Finance Agreement may pursue all of the remedies provided by law and in the Finance Agreement as it deems appropriate. Having been advised that I may obtain insurance coverage from a company and agent of my choice, I have selected the following:

Insurance Company: _____

Policy #: _____

Agents Name: _____

Telephone: _____

Address: _____

Insurance Coverage: Collision \$ _____ Deductible Comprehensive \$ _____ Deductible

Policy Effective From: _____ to _____

Named Loss Payee _____

By signing below, I acknowledge that I have been given the opportunity to read this Insurance Coverage Acknowledgement and understand my obligation to maintain insurance coverage on the above described vehicle.

Customer

Date

Customer

Date

Authorized Dealership Representative

Date