

Agreement to provide insurance

Loss payee

Credit Union:	Address:
Department:	City, state & zip:

Vehicle insured

Make:	Model:
VIN:	Year:
Other:	

Insurance company information

Insurance company:	Insurance agent:
Address:	Telephone number:
City, state & zip:	Policy number:

Purchaser information

Name:	Address:
Telephone number:	City, state & zip:

I understand that the provisions of the Vehicle Installment Purchase Contract executed by me in connection with the financing of the vehicle described therein require that the vehicle is continuously covered with comprehensive and collision insurance with deductible to the insured not to exceed \$1000 during the life of the loan. I have arranged for the required insurance coverage through the Insurance Agent and Company shown above and have requested the Agent to record the interest of my credit union in the vehicle, endorse the policy with a Standard Loss Payable Clause in favor of my credit union and immediately deliver written evidence of such coverage to my credit union, as shown herein.

X

Purchaser signature

Date

Dealer confirmation

Confirmed with: <input type="checkbox"/> Agent <input type="checkbox"/> Insurance company	Contact:	Date:
Name of insured:	STCU as loss payee: <input type="checkbox"/> Yes <input type="checkbox"/> No	

This is to certify that an authorized representative of this dealership has verified the purchaser and has obtained the insurance coverage indicated above.

Dealer rep name: _____

X

Dealer signature

Date

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Loss payee

Credit Union:	Address:
Department:	City, state & zip:

Vehicle insured

Make:	Model:
VIN:	Year:
Other:	

Insurance company information

Insurance company:	Insurance agent:
Address:	Telephone number:
City, state & zip:	Policy number:

Purchaser information

Name:	Address:
Telephone number:	City, state & zip:

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X

Purchaser signature

Date

Dealer confirmation

Confirmed with: <input type="checkbox"/> Agent <input type="checkbox"/> Insurance company	Contact:	Date:
Name of insured:	STCU as loss payee: <input type="checkbox"/> Yes <input type="checkbox"/> No	

This is to certify that an authorized representative of this dealership has verified the purchaser and has obtained the insurance coverage indicated above.

Dealer rep name: _____

X

Dealer signature

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Insurance company information

Insurance company:	Insurance agent:
Address:	Telephone number:
City, state & zip:	Policy number:

Purchaser information

Name:	Address:
Telephone number:	City, state & zip:
<p><i>I understand that the provisions of the Vehicle Installment Purchase Contract executed by me in connection with the financing of the vehicle described therein require that the vehicle is continuously covered with comprehensive and collision insurance with deductible to the insured not to exceed \$1000 during the life of the loan. I have arranged for the required insurance coverage through the Insurance Agent and Company shown above and have requested the Agent to record the interest of my credit union in the vehicle, endorse the policy with a Standard Loss Payable Clause in favor of my credit union and immediately deliver written evidence of such coverage to my credit union, as shown herein.</i></p>	
<p style="text-align: center;"> X _____ Purchaser signature _____ Date </p>	

Dealer confirmation

Confirmed with: <input type="checkbox"/> Agent <input type="checkbox"/> Insurance company	Contact:	Date:
Name of insured:	STCU as loss payee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>This is to certify that an authorized representative of this dealership has verified the purchaser and has obtained the insurance coverage indicated above.</i></p>		
<p> Dealer rep name: _____ X _____ Dealer signature _____ Date </p>		