

AGREEMENT TO PROVIDE INSURANCE

US AUTO CREDIT PURCHASING CENTER, LLC
 PO BOX 57545
 JACKSONVILLE FL 32241 US

TO:

I understand that to provide protection from serious financial loss, should an accident occur, my Retail Installment Contract requires the vehicle be continuously covered with insurance providing collision and comprehensive or fire, theft and combined additional coverage. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested my agent to include a loss payable endorsement in favor of US AUTO CREDIT PURCHASING CENTER, LLC at the above address.

I further understand that if for any reason the below described insurance is not obtained and continuously maintained, US AUTO CREDIT PURCHASING CENTER, LLC has the option to add the premium and related financing charge for such insurance to the contract balance, and I understand that such insurance does not provide bodily injury and property damage liability insurance coverage, and does not comply with any financial responsibility or no-fault insurance laws.

NOTE TO CUSTOMER: This form will be used to contact your agent and verify the insurance information provided below.

YEAR:	MAKE:	MODEL:	VEHICLE IDENTIFICATION NUMBER:
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INSURANCE AGENT NAME:	INSURANCE COMPANY:
CITY & STATE:	POLICY or BINDER NUMBER:
TELEPHONE NUMBER:	EFFECTIVE DATE: FROM: _____ TO: _____
	COVERAGE – FIRE – THEFT: COLLISION – COMPREHENSIVE DEDUCTIBLE (\$1,000) MAXIMUM \$ _____ \$ _____
NAME OF PERSON SPOKE WITH:	NAME OF PERSON VERIFYING COVERAGE:

 CUSTOMER SIGNATURE Date